

CONTACT INFORMATION	
FULL NAME:	
PHONE:	
EMAIL:	
ILL NAME:	
EVENT INFORMATION	
DATE & TIME REQUESTED:	
EVENT NAME:	
EVENT TYPE: Regular Nonprofit	
# OF GUESTS EXPECTED:	ALCOHOL SERVED?
# OF TABLES:	# OF CHAIRS:
LAYOUT (See Layout Guide):	
AMMENTITIES (Check all that apply)	
PODIUM	MICROPHONE (WIRED OR WIRELESS)
SPECIAL INSTRUCTIONS	
OFFICE USE ONLY	
Total Rental Cost	
Deposit Amount Date Paid	Balance Paid Date
Method of Payment	Method of Payment
	Paid in Full
On Staff Calendar?	

I have read and agree to the rental policies. I have the right to cancel my event up to 14 days prior to date scheduled to receive deposit refund. If I cancel in the 14 days leading up to my event date, my deposit is nonrefundable.