

Facility Rental Agreement



COMPANY/ORGANIZATION NAME _____ DATE _____

CONTACT INDIVIDUAL NAME _____

PHONE _____ CELL _____

EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ALTERNATE CONTACT _____ PHONE _____

EVENT INFORMATION

RENTAL DATE(S) (MM/DD/YY) _____ ONE DAY MULTIPLE DAYS - END DATE: _____

NAME OF EVENT: _____ DESCRIPTION: _____

ROOM(S) REQUESTED (SELECT ALL THAT APPLY): WORSHIP & PERFORMING ARTS CENTER FIRESIDE HALL (CHECK ONE OR MORE): A B C
 D E

MUSIC ROOM GREEN ROOM CLASSROOMS

SET-UP TIME AM PM START TIME AM PM END TIME AM PM

ESTIMATED NUMBER OF ATTENDEES _____

WILL FOOD AND/OR BEVERAGES BE SERVED? NO YES - CATERER BEING USED: _____

Please see the Kroc Center event guidelines for catering and food-related information.

REQUESTED SET-UP STYLE: BOARD ROOM THEATER CLASSROOM 6' ROUNDS

ADDITIONAL NEEDS: _____

WILL ADMISSION BE CHARGED? NO YES WILL MERCHANDISE BE SOLD? NO YES - PLEASE DESCRIBE: _____

IS YOUR ORGANIZATION TAX EXEMPT? NO YES - PLEASE PROVIDE A COPY OF YOUR 501(c)(3)

SIGNATURE _____

I agree to the information stated above and read and understand the Kroc Center event guidelines.

INTERNAL USE ONLY

DATE ENTERED: _____ INVOICE #: _____