



RENTAL APPLICATION

PERSON RESPONSIBLE FOR RENTAL:		Date: _____	
Last name: _____		First name: _____	
Address	City	State	Zip
Phone number: _____		Cell number: _____	
Contact email: _____		Alternate email: _____	
EVENT INFORMATION: Description of event, i.e.: Baby shower, birthday party, meeting:			

Date of event _____		Estimated attendance _____	
Time event begins (include set up) _____		Time event ends (include clean up) _____	
Open to the public? Yes No	Will minors be present? Yes No		
Admission fee charged? Yes No	Will there be music? Yes No		
Will food be served? Yes No	Will food be sold? Yes No		
What is needed for the event: Tables, chairs, gym equipment, projector etc.			
FOR OFFICE USE ONLY:		Processed by: _____ Date: _____	
<small>PLEASE PRINT NAME CLEARLY</small>			
Payment method: CASH _____ CHECK _____ DEBIT _____ MONEY ORDER _____ VISA/MC _____			
Number of SECC staff needed for event: _____		Hourly rate: _____	
Approved _____	Not Approved _____	Signature: _____	
Title: _____		Input into calendar by: _____	
<small>PLEASE PRINT NAME CLEARLY</small>			