BUILDING RENTAL INQUIRY FORM

Approved by:

Paul Holter, Facility Manager



Head of Staff

Name of Group:		
Contact Person:		
Rental Date Requested:		
Time of event: Estimated A	attendance:	_
Address:		
E-mail:		
Phone: Alt. Phone:		
Building Room/Hall Requested:		
Purpose of Rental/Event:		
Extra Equipment (please indicate what you need and how many):		
Tables: #		
Chairs: #		
Sound System:		
Stage:		
Stage		
Primary Signature:	Date:	
STAFF USE ONLY:		
Request Accepted:	On the day of (date):	
Added to Calendar:		
Request Declined:		
Group/Primary Contact Notified:		
Contract/Letter of Agreement Sent:	On the day of (date):	
Payment Received:		
Signature:	Signature:	Date: