Print Form

APPLICATION FOR RESERVATION OF MEMORIAL HALL FACILITIES

Application Date: _____ (PLEASE PRINT)

Additional Information

Date(s) of Activity:	
Room(s) Requested:	
Approx. Time Building Must Be Open:	
Approx. Time Building Will Be Vacated:	
Type of Activity:	
Admission Charged:	
Concessions/Merchandise Sold:	
Alcohol Served:	
Organization/Sponsor:	
Person Responsible:	
P.O. Box/Street:	
City, State, Zip:	
Phone:	
Estimated Attendance:	
Classification:	
Marquis Sign (# of Days & Message):	

Items Requested

# of Banquet Chairs		# of Persons at Head Table	
# of 60” Round Tables		Head Table Elevated	
# of Meeting Chairs		Podium (Stand-up or table top)	
# of 30” x 72” Tables		P.A. System	
# of 18” x 72” Tables		# of Microphones	
Powerpoint Projector and Screen		Portable TV/VCR/DVD	

NOTES: _____

_____

Rental Fees Due

$_____ Room Fees X ____ Days	$
____ Estimated Labor Hours X $25 X #__ of Employees	$
Alcohol Deposit ($500)	$
Damage Deposit ($TBD)	$
Technical Personnel (sound, lighting and stage)	$
Marquis Rental (2 Days Free, $15 3rd day, $5 each day after that)	$
Total Due Within 10 Days of Reservation Being Made	$

Any amount due which exceeds the prepaid rental fees will be billed. Any balance for labor costs and/or damage or alcohol deposits not utilized will be refunded.

Signature of Renter: _____

OFFICE USE ONLY -- DO NOT WRITE BELOW THIS LINE			
Date Pre-paid Rent Paid:		Receipt Number:	
Clean-up/Set-up Hours:		Date Balance Paid:	
Damages or Breakage:			