



## Facilities Use Application

Organization Name: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last
First
M.I.

Address: \_\_\_\_\_  
Street Address
Apartment/Unit #

\_\_\_\_\_

City
State
Zip Code

Tax ID #: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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Date of Rental: \_\_\_\_\_ Time of Rental: \_\_\_\_\_

Purpose of Rental: \_\_\_\_\_

Number of People: \_\_\_\_\_

Rent: Classroom(s)     Yes     No      Multipurpose Room     Yes     No  
 Outdoor Areas     Yes     No      Basketball Court     Yes     No  
 Kitchen             Yes     No      Others: \_\_\_\_\_

Furniture Usage: Yes/No \_\_\_\_\_

Audio/Visual Equipment Usage: Yes/No \_\_\_\_\_

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**Below Section is for Internal Use Only**

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Rental Cost: \$ \_\_\_\_\_ Security Deposit: \$ \_\_\_\_\_

Liability Insurance Certificate: Yes/No \_\_\_\_\_

Comments: \_\_\_\_\_

Signed Approval: \_\_\_\_\_