

SPECIAL EVENT REQUEST

| Today's Date | | | |
|--|------------------------|--------------------|-------|
| Name of Group | | | |
| Name of Event | | | |
| Date of Event | Time of Event | | |
| Purpose of Event | | | |
| Contact Person | | Phone | |
| Email | | | |
| Number of People expected to attend: | # of Adults | # of Children | |
| Facility Fee: 2 hours event time and up to 1 | 25 people (\$800 min | imum): | |
| Additional charge for each per | rson over 125 (\$4 a p | erson): | |
| Additional charge for time exc | ceeding 2 hours (\$12. | 5 per add'l hour): | |
| Total Facility Fee: | | _ | |
| Refundable security deposit: | | _ | \$200 |
| Optional Custodial fee (\$100): | | _ | |
| Amount enclosed (one-half Facility Fee | to reserve date) | | |
| Payment method □Visa □ Ma | sterCard | | |
| Comments: | | | |
| | | | |
| | | | |
| FOI | R OFFICE USE ONL | Y | |
| Approved by | Date Approved | | |
| Deposit paid | Date paid | Check # | |
| Balance paid | Date paid | Check#_ | |