



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 125 people (\$800 minimum): _____

Additional charge for each person over 125 (\$4 a person): _____

Additional charge for time exceeding 2 hours (\$125 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 MasterCard Check

Comments: _____

-----**FOR OFFICE USE ONLY**-----

Approved by _____ Date Approved _____

Deposit paid _____ Date paid _____ Check # _____

Balance paid _____ Date paid _____ Check# _____