



HALL SUBSIDY REQUEST FORM

Date of Application: _____

Contact Person: _____
(& Person in charge of event)

Group or Organization: _____

Applicant Address: _____

Home Phone #: _____ Work Phone #: _____

Rental Date Requested: _____

Of Individuals Attending Function: _____ (Note: Maximum capacity is 200)

Will Minors (under the age of majority) be in attendance? _____

Start Time: _____ Completion Time: _____
(No later than 1:45 a.m.)

Please be specific and state the purpose for your request to utilize the hall?

Why do you feel your organization or group should receive the hall at a subsidized hall rental rate?

Please Indicate the Specific Facilities Required for your Function:

Main Hall: _____ PA System: _____ Kitchen: _____
Bar Facilities: _____ Stove: _____ Coolers: _____
Dishes: _____ Coffee Urns: _____ Head Table: _____

For Office Use Only:

Approved: _____ Date: _____ Signature: _____

Payment Received: _____ Method of Payment: _____