



**GRAHAM CREEK INTERPRETIVE CENTER
RENTAL APPLICATION**

Applicant Name: _____

Organization Name (if Applicable): _____

☐ 501(c) 3 ☐ Resident ☐ City Employee ☐ Governmental Agency/School

Applicant Physical Address*:

Applicant Mailing Address**:

Telephone Numbers () _____ () _____

Email Address: _____

Date of Event: _____

Facility use (includes set up): _____ to _____

Time event starts: _____

Expected Number of Attendees: _____

Room set up:

Number of round tables needed: _____

Number of rectangular tables needed: _____

Number of chairs needed at each table: _____



Event Coordinator Name (if applicable): _____

Event Coordinator Contact Number: () _____

Alcohol ☐ Yes ☐ No (See Alcohol Security Form)

Hours to schedule officer: _____ to _____

Music: ☐ Yes ☐ No Name of Group or DJ: _____

Caterer: ☐ Yes ☐ No Name: _____

For wedding use only:

Number of outdoor folding chairs needed***: _____

Number of arbors needed *** _____

Applicant Signature: _____

Date: _____

*Must be a Foley address if using Foley resident discount.

** This is the address we will use when returning the damage deposit.

*** The folding chairs and arbors are only available for wedding use these will be placed on back porch area for your use. You are responsible for the set-up and clean-up of these items.