**GRAHAM CREEK FACILITIES**
**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: _____ Time of Event: _____ to _____

Event Coordinator Name: _____

Event Coordinator Contact Number: (  ) _____

Expected Number of Attendees: _____

Alcohol ☐ Yes ☐ No (See Alcohol Security Form)

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

Caterer: ☐ Yes ☐ No Name: _____

Usage: ☐ Interpretive Center ☐ Large Pavilion ☐ Grounds

Applicant Signature: _____

Date: _____

Updated: 12-7-2016

***OFFICE USE ONLY***

**Total Amount Due: _____**

**Deposit Due: _____**

1. Function: ☐ Approved ☐ Disapproved
2. 501(C) Attached: ☐ Yes ☐ No
3. Contract Issued: _____
4. Rental Deposit Received: _____
5. Walk-Thru Scheduled: _____
6. Security Fee Received: _____
7. Paid In Full: _____

Amt. Pd. _____ Method: _____ Date: _____

Amt. Pd. _____ Method: _____ Date: _____

Updated: 12-7-2016