



## 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: 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





OFF	TICE USE ONLY			
Tota	al Amount Due:			
Depo	osit Due:			
2 3 4	1. Function:   2. 501(C) Attache  3. Contract Issue  4. Rental Deposit  5. Walk-Thru Sche  6. Security Fee R  7. Paid In Full:	d:		
Amt.	Pd	Method:	Date:	
Δm+	Pd	Mathod:	Date:	

Updated: 12-7-2016