



**GRAHAM CREEK FACILITIES
RENTAL APPLICATION**

Applicant Name: _____

Organization Name (if Applicable): _____

501(c) Yes No

Applicant Physical Address: _____

Applicant Mailing Address: _____

Telephone Numbers () _____ () _____

Email Address: _____

Date of Event: _____ Time of Event: _____ to _____

Expected Number of Attendees: _____

Selling Tickets: Yes No

Alcohol Yes No

(The Lessee must employ a Foley Police Officer to be present during an event at the Interpretive Center where alcoholic beverages are consumed.)

Music Yes No

Name of Group or DJ: _____

Space Usage: Center Large Pavilion Small Pavilion



Pricing

- ❖ See Preserve Rental Rate Sheet
- ❖ Damage Deposit Required

Applicant Signature: _____

Date: _____

OFFICE USE ONLY

Contract Number: _____

Total Amount Due: _____

1. Function: Approved Disapproved
2. 501(C) Attached: Yes No
3. Contract Issued: _____
4. Signed Contract Received: _____
5. Rental Deposit Received: _____
6. Walk-Thru Scheduled: _____
7. Police Officer Scheduled: _____
8. Damage Deposit Received: _____
9. Paid In Full: Yes No Date Paid: _____

Amt. Pd. _____ Date: _____ Amt. Pd. _____ Date: _____
Amt. Pd. _____ Date: _____