

Facilities Permit Request

PLEASE PRINT CLEARLY

I. General Information:

Applicant's Name: _____
 Address: _____ City: _____ Zip Code: _____
Street Apt.
 Telephone Number: _____ Alternate Number: _____
 Email Address: _____ Today's Date: _____

II. Organization: If there is no organization, please skip to section III

Organization/Sponsor's Name: _____
 Address: _____ City: _____ Zip Code: _____
Street Apt.
 Telephone Number: _____ Non-Profit: No Yes Number: _____

III. Facility Information:

Interested in Ross Hall (room capacity 180-200) Meeting Room (room capacity 30-50) Other: _____

IV. Event Information:

Type of Function/Activity: _____ Estimated Attendance: _____
 Room Set Up: Audience Style Class Room Style Banquet Style Other: _____
 User Group to provide: _____

A. One time request

Preferred Date: _____
 Arrival Time: _____ Departure Time: _____ Number of Hours: _____ Event Time: _____
 Alternative Date: _____
 Arrival Time: _____ Departure Time: _____ Number of Hours: _____ Event Time: _____

B. Continuous Event (May only request three months in advance)

Start Date: _____ End Date: _____
 Sunday Monday Tuesday Wednesday Thursday Friday Saturday
 Arrival Time: _____ Departure Time: _____ Number of Hours: _____ Event Time: _____

V. Request or Comments:

****TO BE FILLED OUT BY CITY STAFF ONLY****

Fees:	Notes:
Refundable Deposit: _____	Request received by: _____
Cleaning Fee: _____	Please use time clock to note time: _____
Equipment Set Up Fee: _____	Notes: _____
Hourly Weekday Fee: _____	_____
Hourly Weekend Fee: _____	_____
Total: _____	_____
User group: <input type="checkbox"/> Accepts <input type="checkbox"/> Declines	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Initials: _____