



APPLICATION FOR FACILITY RENTAL

Today's Date

Facility Requested

YOUR INFORMATION

First Name Last Name

Address City Zip

Email Address Phone

EVENT DETAILS

Event Description

Please list your date/time preferences for using the facility:

Preference 1.....	Date <input type="text"/>	Start Time <input type="text"/>	End Time <input type="text"/>
Preference 2.....	Date <input type="text"/>	Start Time <input type="text"/>	End Time <input type="text"/>
Preference 3.....	Date <input type="text"/>	Start Time <input type="text"/>	End Time <input type="text"/>

MTO-107-24-02

FOR OFFICIAL USE ONLY

Approved By

Date

Final Event Date

Facility Fee

Received: cash | check

Yes | No

Signed Usage Policy?

Inspected By

Date

Notes