



## HALL SUBSIDY REQUEST FORM

Date of Application: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
( & Person in charge of event)

Group or Organization: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Rental Date Requested: \_\_\_\_\_

# Of Individuals Attending Function: \_\_\_\_\_ (Note: Maximum capacity is 200)

Will Minors (under the age of majority) be in attendance? \_\_\_\_\_

Start Time: \_\_\_\_\_ Completion Time: \_\_\_\_\_  
(No later than 1:45 a.m.)

Please be specific and state the purpose for your request to utilize the hall?

Why do you feel your organization or group should receive the hall at a subsidized hall rental rate?

Please Indicate the Specific Facilities Required for your Function:

Main Hall: \_\_\_\_\_ PA System: \_\_\_\_\_ Kitchen: \_\_\_\_\_  
Bar Facilities: \_\_\_\_\_ Stove: \_\_\_\_\_ Coolers: \_\_\_\_\_  
Dishes: \_\_\_\_\_ Coffee Urns: \_\_\_\_\_ Head Table: \_\_\_\_\_

For Office Use Only:

Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Payment Received: \_\_\_\_\_ Method of Payment: \_\_\_\_\_