

Name of Person and/or Organization: _____

Address: _____

Email: _____ Phone: _____

Would you like your contact information listed on the Mt. Lookout Grange Calendar? _____

Member/Sponsor _____ Space Requested: Hall _____ Kitchen _____

Who is the sponsoring organization? _____

Event Name and Details: _____

Date/Day Requested: _____ Time Requested: _____

Will alcohol be served ? _____ Is the event open to the Public ? _____

Will a Special Use Permit be applied for? _____

_____ I understand and agree to complete the Rental Checklist and leave the building in the same condition as I found it.

_____ I understand that depending upon the weather it may be necessary to turn the heat up in advance of my event. The heat will be returned to its previous level, as per instructions posted next to the thermostat, at the end of my event.

I have read and understand the Grange Rental Policy.

Print name

Date

Signature

Rental Fee: _____
Amount

Date

Ck/Cash

Deposit Rec'd: _____ Cert. of Insurance Rec'd _____