

Rental Request Form

Rental Request Form

This form is utilized to make a reservation for use of the facility and/or rooms/space(s) in the facility.

Date of Event (Required): _____

Event Start Time (Required): _____

Event Start Time includes the time needed for decorating or any setup done by the Renter

Event End Time: _____

This time should include the time needed for Renter to clean facility as determined by Rental Agreement.

Type of Event (Required):

(Select only one option)

- | | |
|--|--|
| <input type="checkbox"/> Concert/Play | <input type="checkbox"/> Sports Activity |
| <input type="checkbox"/> Wedding Reception | <input type="checkbox"/> Banquet |
| <input type="checkbox"/> Other | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Small Group Meeting | <input type="checkbox"/> Large Group Meeting |
| <input type="checkbox"/> Community Forum | <input type="checkbox"/> Mt Moriah Ministry Activity |
| <input type="checkbox"/> Birthday Party | |

Number of Guests/Attendees (Required): _____

Venue Requested (Required):

(Select only one option)

- | | |
|--|---|
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Life Center Gym |
| <input type="checkbox"/> Life Center Gym & Kitchen | <input type="checkbox"/> Multipurpose Room |
| <input type="checkbox"/> AD Robinson Chapel | <input type="checkbox"/> EL Jackson Fellowship Hall |
| <input type="checkbox"/> Unknown | |

Name of Organization or Client (Required): _____

Phone Number (Required): () - _____

Email Address of Renter (Required): _____

Name of Person Responsible for Payment: _____

This is the person that is to be given the invoice for the event

Address of Person responsible for payment (Required):

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Street: _____
Address Line 2: _____
City, State, Zip: _____

Phone Number of Person responsible for payment: () - _____

Email of Person responsible for payment: _____

Signature (Required): _____