



STAFF USE ONLY:			
Deposit: \$ _____	Receipt#: _____	Date: _____	Staff: _____
Rental: \$ _____	Receipt#: _____	Date: _____	Staff: _____
A.P Date: _____	Refund Date: _____	Check #: _____	

Facility Requested:			
Room Requested:			
Date Requested for Event:			
Organization Name:			
Applicant Name:			
Address:			
Phone #	Cell #	Fax #	
Email Address:			
Type of Organization: <input type="checkbox"/> Non-profit <input type="checkbox"/> Private			
If Non-Profit:	Tax Exempt #:		
	Federal ID #:		
Event Information:			
Type of Event:		Number of Attendees:	
Event Start Time:	am / pm	Event End Time:	am / pm
Set Up Time:	am / pm	Lock Up Time:	am / pm
Event Open to the Public? Y / N	Admission Fee? Y / N	If yes, amount of fee?	
Music? Y / N	If yes, type:	<input type="checkbox"/> DJ	<input type="checkbox"/> Band <input type="checkbox"/> Stereo
Beer/Wine/Liquor? Y/N If yes, must be served by licensed & insured Caterer or Bartender			
Catered Food? (100+ guests required) Y/N			
Company Name: _____ License #: _____			
Equipment Requested: <i>(Not applicable at City Hall Council Chamber or Thompson House)</i>			
The following items are to be rented from the City of Rockledge; rental from outside entities prohibited. Tables and chairs are intended for inside use only.			
<input type="checkbox"/> Chairs	# needed:	at \$1.00 per chair =	\$
<input type="checkbox"/> Tables	# of 60" round:	# of 8' rectangular:	at \$5.00 per table = \$
Applicant Signature:			
Printed Name of Applicant:			