

# ABC Facility Rental Form

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

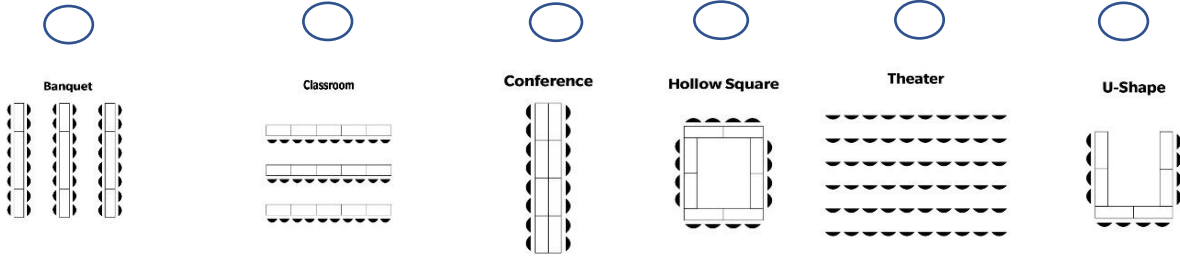
Date requested: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Time requested: \_\_\_\_\_

Number of people: \_\_\_\_\_

## Room set up requested



Member Rate: \$0.00 under 50 people

Non-Member Rate: \$200 under 50 people

## Additional Services Requested

**Drinks \$10 for every 10 people**

**\$50 for AV Services**

Coffee

TV/Screens

Bottled Water

Projectors

Soda

Microphone/Speaker

**Additional Service Requests:** \_\_\_\_\_

\_\_\_\_\_