

**ARNOLD HALL COMMUNITY CENTER
FACILITY RESERVATION FORM
Phone: 671-2619/2352 Fax: 671-4374**

Type of Event: _____ Date of Event: _____

Organization: _____ Time (set-up): _____ Event Start: _____ Event End: _____

POC: _____ Phone Number: _____

Estimated Number of Participants: _____

Room Required:

Ballroom _____ Bob Hope Theater _____ Conference Room _____
Amphitheater _____ Hap's Game Room _____

Items required for reservation

Podium/Microphone:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, how many:
Projection screen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Punch set-up for \$30.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(80 servings)
Coffee set-up for \$25.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(80 servings)
Set up for \$100	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Clean up for \$150 - \$200	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(\$200 over 100 participants)

Number of Chairs: _____ Tables: _____ Layout attached: YES NO

Linen rental \$3.50ea: 8ft table. _____ 6' ft round _____ 36" square _____

Other: _____

ALL OTHER ITEMS REQUIRED WILL BE PROVIDED BY USING ORGANIZATION.
Please understand that mission requirement have priority and could cause your function to be moved or changed.
GLITTER is NOT ALLOWED, table confetti must be 1/2 inch or larger, NO thumb tacks in walls.

NOTE: IF THE USING ORGANIZATION DOES THEIR OWN SET UP, CLEAN UP, THE PERSON BOOKING THE ROOM WILL BE RESPONSIBLE FOR ENSURING THAT THE ROOM IS LEFT IN THE SAME CONDITION AS IT WAS FOUND. PLEASE PROVIDE YOUR OWN EXTENSION CORDS AND LAPTOP COMPUTER.
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I, _____ UNDERSTAND THAT NO DRINKS ARE ALLOWED TO BE BROUGHT INTO THE FACILITY. THEY MUST BE PURCHASED AT ARNOLD HALL.

SIGNATURE _____ DATE _____

ACCEPTED & CONFIRMED BY _____ DATE _____

Thank you for letting us serve you and we hope to see you again in the near future.