

Type of Event:		Estimated Attendance:			
Date(s) Requested:					
Day(s) Mon Tue	Wed	Thu	Fri	Sat	
Sun					
Start Time:	_am/pm End Tin	am/pm End Time :		am/pm	
Preferred Facility		Area Requested			
Location you wish to host your eve	ent at:				
		Field	Outdoo	learning Space	
		Gym	Kitchen		
	_	Patio	Commo	n Area	
Will alcohol be consumed at this event?	your eve		Icohol Use Permit" is required for nt may be required for your event		
Will minors be present?	NO	YES - Adequa present	Adequate adult supervision must be		
Organization Name:					
Applicant's Name:					
Address:		City:	Pos	tal Code:	
Home Phone:	Work Phone:	_	Cell Phone:		
Email address:					