

Effie Yeaw Nature Center Assembly Building Rental Request Form

Name of Contact:	Organization:
Phone Number	Alternate Number
Email Address	
Mailing Address	
Name of <i>Alternate</i> Contact Person	
Phone Number	Alternate Number

Date and Time Preference

Choices	Day of Week	Date	Start time	# hours
1st choice:				
2nd choice:				
3rd choice:				

Space to be Reserved--(circle all needed):

Jo Smith Room	Middle Room	Kitchen
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Type of Event--please circle:

- | | |
|-------------------------------------|-------------------------|
| <i>Staff Training</i> | <i>Business Retreat</i> |
| <i>Seminar</i> | <i>Class</i> |
| <i>Scout Event</i> | <i>Banquet</i> |
| <i>Memorial Service</i> | |
| <i>Other</i> --Please specify _____ | |

Please circle age ranges of participants: School Age-Specify ages: _____ Adult Mixed

Please describe the event and any special services that you might require.

To Be Filled in by EYNC Staff

Approval Status:	Approved	Not Approved	Date:	Initials:
Comments:				
If Approved, Arrangements (Date, time, hours, space, type of event, additional services with prices, notes):				
Total Price \$ _____ Date deposit received: _____ Complete Balance of \$ _____ due by _____				
Deposit: \$ _____ cash or credit card date processed: _____ initials _____				
Balance \$ _____ cash or credit card date processed: _____ initials _____				
Name on Credit Card: _____				
VISA or MasterCard # _____				
V-Code _____ Exp. Date: _____				