

Request for Special Event or Activity

Paradise Gymnasium and Cultural Center

Date: _____

Name of Event: _____
 Event Date(s) _____ Expected number of Attendees _____

Contact Information:

Name of Organizer: _____
 Home Phone: _____ Cell: _____ Work Number: _____
 Mailing Address: _____
 E-Mail Address: _____

Alternate Contact Person: _____
 Home Phone: _____ Cell: _____ Work Number: _____
 Mailing Address: _____
 E-Mail Address: _____

Type of Room/Facility Requested

Special Event Room Meeting Room Stage/Theater Gym
 Full Auditorium Exercise Room Aerobics Room

Fees:

Rental	How Many	Number of Hours	G&CC Fees	Additional Charges	Cost	Total Cost
Gym Floor	---					
Auditorium	---					
Meeting Room				Equipment (see below)		
Kitchen	---			Plates/Flatware/Etc		
Set-up Fees	---	---				
Floor	---	---				
Chairs		---				
Tables		---				
Sound	---	---				
Other						
Total Cost						

Required Equipment/Services

Telephone Screen Registration Table(s)
 Overhead Projector Easel/Pad TV/VCR
 White Board/Erasable Pens Table for Panelists Pointer
 Podium Skirt/Cloth for Table(s) Microphone

Room Arrangement:

Theater Style (Chairs Only) U-Shape (Table & Chairs)
 Classroom (Chairs & Tables) Conference Style (Large Table with Chairs)
 Banquet

Note(s) _____

For Staff Use Only

	Name	Signature	Date
Approved			
Disapproved:			
Confirmed w/Organizer			

PARADISE GYMNASIUM AND CULTURAL CENTER

Your request has been received and approved for usage of the facilities at the Paradise Gymnasium and Cultural Center. Please review and sign this contract and submit your deposit as indicated below. If you have any questions Please contact this office before signing.

You are scheduled to use the facilities on _____ from _____ to _____
(Date) (time)
 _____ The following area (s) have been reserved for you: _____
(time)

You are also, requesting use of the _____,
 and _____. A deposit of \$ _____ is required by
 _____ to reserve this space. The balance is due at least 48 hours before the event, i.e. on
(date)

(date)

Your Rental will include the following items and/or accessories:

	Cost:
___ Entire Main Auditorium	_____ (Two hours @ \$250, plus \$_____ for ___ additional hours)
___ Laying of Carpet Squares	_____
___ Tables (_____ @ _____ ea)	_____
___ Chairs (_____ @ _____ ea)	_____
___ Sound	_____
___ Kitchen	_____
___ Flatware	_____
___ Dishes	_____
___ Table Cloths (_____ @ _____ ea)	_____
___ Cloth Napkins (_____ @ _____ ea)	_____
___ Gym	_____
___ Aerobic Room	_____
___ Equipment Room	_____
___ Meeting Room(s)	_____ (Room #'s _____, _____, _____.)
___ Special Event Room (Conference Room)	_____
___ Others (list) _____, _____, _____, _____	_____

Note(s) _____

Deposit Required \$ _____

Cancellation Policy: All monies are refunded if cancelled at least 45 days before the event. If cancelled within 30 days 50% of the total amount paid will be refunded. No refunds after 30 days.

 Name

 Date