



Get funding. Create change.

Room Rental Request

CONTACT PERSON INFORMATION

Name _____ Title _____

Email _____ Phone _____

ORGANIZATION INFORMATION

Name _____

Address _____

Main phone _____ Website _____

RENTAL INFORMATION

DATE requested _____ TIME room needed: from _____ to _____

NUMBER of people attending (best estimate) _____

CONFIGURATION for room (check one)

- U-shape, tables & chairs (seats up to 30)
- Classroom style, rows of tables and chairs (seats up to 40)
- Rows of seats without tables (seats up to 60)
- Other, please describe: _____

A standard insurance certificate (COI) is required: New _____ On file _____

Special requests or special equipment needed:

Will food be served? Yes No

If any damage to the rented space occurs as a result of this rental, my organization understands that it is responsible for the cost to correct or repair. By signing this form, I affirm that I am authorized to make this commitment.

Authorized signature

Title

Printed/typed name

Date

Fee agreed upon for rental: _____		
_____ initials The Grantsmanship Center		_____ intital of renter