

## **RESERVATION FORM**

Date		
Purpose	Date(s) of usage	
Approximate number of peop	le attending	
Times needed (including setu	p and cleanup time)	
User's Name	Home phone	work/cell
Physical address		
Mailing address	TDL #	
Requested facility at the Braze	oria Heritage Foundation –	Civic Center
Conference room		
Cafeteria		
Auditorium		
Gym		
Outside grounds - SH 3	6 & W. Smith St.	
Outside grounds – Neva	ada St.	
ALCOHOL ON PREMISES	YES NO	
Date and hours officer(s) need	led	
I have read and understand th agree to abide by them.	e Civic Center rules and re	gulations, and by signing below, I
User's signature		
DUE NO LATER THAN 3 DAYS	S PRIOR TO RENTAL DATE	ECURE THE DATE. RENTAL FEE IS E. Facility will be opened day of rental e and does not go towards rental fee.)
	For office use only	
Deposit: \$100 Date Received by		ent
User fee Date _	B	У
Amount of refund	Received by	