



Gerry Kulick Community Center Room Rental Application

FERNDALE

RESIDENT NON-RESIDENT SERVICE CLUB/NON-PROFIT

NUMBER EXPECTED _____ TYPE OF EVENT _____

CONTACT PERSON: _____ DOB _____ E-MAIL _____

ADDRESS _____ CITY _____ ZIP _____

PHONE (Home) _____ (Cell) _____ (Work) _____

ALTERNATE CONTACT _____ PHONE _____

EVENT DATE: _____ **EVENT TIME: (MUST INCLUDE SET-UP & CLEAN-UP)** _____

ROOM DESIRED:

- | | | | |
|---|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Meeting Room #1 | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Multipurpose #1 | <input type="checkbox"/> Gymnasium |
| <input type="checkbox"/> Meeting Room #2 | <input type="checkbox"/> The Dales | <input type="checkbox"/> Multipurpose #2 | <input type="checkbox"/> Art Studio |
| <input type="checkbox"/> Meeting Room Combo | <input type="checkbox"/> Lounge | <input type="checkbox"/> Multipurpose Combo | <input type="checkbox"/> Kids Korner |
| <input type="checkbox"/> Dance Studio | | | |

EQUIPMENT REQUIRED:

- | | |
|--|---|
| <input type="checkbox"/> 60" ROUND QTY _____ | <input type="checkbox"/> CHAIRS QTY _____ |
| <input type="checkbox"/> 6' x 30" QTY _____ | |
| <input type="checkbox"/> CARD QTY _____ | |

SET-UP: _____

ROOM _____ # OF HOURS _____ X COST PER HOUR _____ = _____

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ROOM _____ # OF HOURS _____ X COST PER HOUR _____ = _____

EQUIPMENT COSTS _____ = _____

SECURITY DEPOSIT _____ = _____

TOTAL DUE _____ = _____

AMOUNT PAID _____ = _____

BALANCE DUE _____ = _____

APPLICANT SIGNATURE _____ DATE _____