



AHF Hall Rental Application

(AHF Committees and TMV)

****THIS IS A NON-SMOKING FACILITY**

Today's Date: _____

Name of Requester: _____

Phone Number: _____ Email: _____

Date Requested: _____

From: _____ AM/PM To: _____ AM/PM

Purpose of Gathering: _____

Facilities Requested:

Main Hall _____ Portable PA System _____

Committee Room _____ Front Foyer _____

Piano _____ Dishes _____

I understand that the hall and facilities will be left in a neat and orderly condition and if I used the Portable PA System, it will be returned to the AHF storage room. Keys will be picked up during regular business hours, Monday through Friday 9 a.m. to 12:30 p.m. and returned in the mail box slot after event.

Signature of Requester

APPROVED AND POSTED ON CALENDAR _____ DATE _____