

## FELLOWSHIP HALL RENTAL INFORMATION FORM

### LICENSEE:

NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### EVENT:

DATE \_\_\_\_\_

TIME \_\_\_\_\_

TYPE \_\_\_\_\_

DATE OF SETUP \_\_\_\_\_

TIME OF SETUP \_\_\_\_\_

NUMBER ATTENDING \_\_\_\_\_

### LICENSOR REQUIRES THE FOLLOWING INSURANCE INFORMATION:

COMPANY \_\_\_\_\_

REPRESENTATIVE NAME \_\_\_\_\_

REPRESENTATIVE NUMBER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

LIMITS \_\_\_\_\_

LICENSEE WILL HAVE TWO WEEKS FROM SCHEDULING DATE TO COMPLETE AND SUBMIT CHECKS TO SECURE THE DATE OF THE EVENT.

HALL RENTAL	\$175.00	CHECK NUMBER: _____
HALL CLEANUP	<u>\$ 35.00</u>	CHECK NUMBER: _____
TOTAL	\$210.00	

LICENSEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

LICENSOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_