

BROTHERSVILLE EVENT CENTER RENTAL INQUIRY

NAME OF RENTER _____

PHONE NUMBER _____

EMAIL ADDRESS _____

HOME ADDRESS _____

(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

MAILING ADDRESS _____

(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

DATE OF EVENT _____ TIME OF EVENT _____

TYPE OF EVENT _____

NUMBER OF PEOPLE EXPECTED TO ATTEND _____

WILL TICKETS BE SOLD? (*CIRCLE ONE*) YES / NO (*CIRCLE ONE*) IN ADVANCE / AT THE DOOR / BOTH

WILL THIS BE A TEEN EVENT? (*ANY EVENT FOR AGES 13 TO 20*) _____

WILL THE EVENT INCLUDE ALCOHOL? (*CHECK ONE*) _____ BYOB _____ CASH BAR _____ OPEN BAR
(*SEE ATTACHED ALCOHOL POLICY*)

TIME YOU WOULD LIKE TO ARRIVE AT VENUE _____ TIME YOU WILL LEAVE VENUE _____

_____ (initial) I UNDERSTAND THIS IS **NOT** A RENTAL CONTRACT AND DOES **NOT** RESERVE THE FACILITY OR THE EVENT
DATE.

OFFICE USE:

RECEIVED BY: _____ DATE _____ TIME _____