



**GRAHAM CREEK FACILITIES  
RENTAL APPLICATION**

Applicant Name: \_\_\_\_\_

Organization Name (if Applicable): \_\_\_\_\_

501(c)3     Resident     City Employee     Governmental Agency/School

Applicant Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers (    ) \_\_\_\_\_ (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_ to \_\_\_\_\_

Event Coordinator Name: \_\_\_\_\_

Event Coordinator Contact Number: (    ) \_\_\_\_\_

Expected Number of Attendees: \_\_\_\_\_

Alcohol  Yes     No (See Alcohol Security Form)

Music:  Yes     No    Name of Group or DJ: \_\_\_\_\_

Caterer:  Yes     No    Name: \_\_\_\_\_

Usage:     Interpretive Center     Large Pavilion     Grounds

Applicant Signature: \_\_\_\_\_



Date: \_\_\_\_\_

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**OFFICE USE ONLY**

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**Total Amount Due:** \_\_\_\_\_

**Deposit Due:** \_\_\_\_\_

- 1. Function:     Approved     Disapproved
- 2. 501(C) Attached:     Yes     No
- 3. Contract Issued: \_\_\_\_\_
- 4. Rental Deposit Received: \_\_\_\_\_
- 5. Walk-Thru Scheduled: \_\_\_\_\_
- 6. Security Fee Received: \_\_\_\_\_
- 7. Paid In Full: \_\_\_\_\_

Amt. Pd. \_\_\_\_\_ Method: \_\_\_\_\_ Date: \_\_\_\_\_

Amt. Pd. \_\_\_\_\_ Method: \_\_\_\_\_ Date: \_\_\_\_\_