

Exhibit C
Rental Application
(Group Copy)

Holder/Group Name: _____

Contact Person: _____

Return Deposit to: _____

Address: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Event Date: _____

Day(s) of Week: _____

Arrival Time: _____

Start Time: _____

Depart Time: _____

Detailed event description: _____

Number of people in event: _____

Serving Alcohol? _____

1-100 people _____

101-225 people _____

Selling Alcohol? _____

1-100 people _____

101-225 people _____

Event Set Up

Use of Memorial Hall? _____

1- 100 attendees _____

101-225 attendees _____

Use of Dining Hall? _____

1-100 attendees _____

101-200 attendees _____

Meeting Room? _____

1-65 attendees _____

Meeting Room A? _____

1-62 attendees _____

Meeting Room B? _____

1-36 attendees _____

Kitchen? _____