

• RENTAL REQUEST FORM •

Contact Name: _____ Day Phone #: _____

Organization/Company: _____ Evening Phone #: _____

Address: _____ Fax Phone #: _____

City, Zip: _____ Email: _____

Activity/Event: (i.e. Meeting, Party) _____

Details about the event: _____

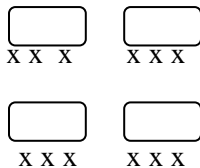
1st choice: Day _____ Date: _____ Time _____ Estimated Attendance # _____

Alternate Day _____ Date: _____ Time _____ # _____

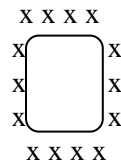
**If you are planning a regular, long term meeting (weekly, monthly etc.) please attach an additional sheet listing ALL dates, the start and end times. Please mark any dates with exceptions regarding attendance, set up etc.*

Set up: (check one) If you have a special set up need, please attach a diagram and any additional information regarding the set up to help ensure proper set up prior to event.

Classroom Set Up

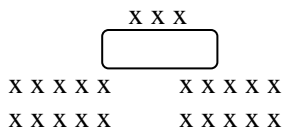


Conference style (tables in an OPEN square)

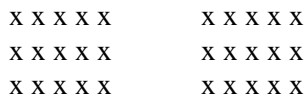


Please specify the number of chairs around the table.

Theatre style with head table for _____



Theatre style – head table not needed.



Please specify number of chairs and rows.

Special set up requests: (Be specific regarding any additional equipment needs you may have)

- | | | |
|---|---|---|
| <input type="checkbox"/> Overhead Projector \$15.00 | <input type="checkbox"/> Easel – no paper \$5 | <input type="checkbox"/> Polycom conference phone \$30.00 |
| <input type="checkbox"/> TV/VCR/DVD \$25.00 | <input type="checkbox"/> Flip Chart - \$15 | <input type="checkbox"/> LCD projector \$50.00 |
| <input type="checkbox"/> Slide Projector \$15.00 | <input type="checkbox"/> Microphone \$5 | <input type="checkbox"/> Podium n/a |

Food & Beverage Service requested? ___ yes ___ no Coffee, juice, pop, cookies are available. Costs vary.

Confirmation: Notify me about the room request by: ___ Fax ___ Mail ___ Phone

**Return to: Maple Grove Community Center, ATTN: Rental Coordinator,
 12951 Weaver Lake Rd, Maple Grove, MN 55369**

Or fax to: 763-494-6454

Signature: _____ Date: _____