

**• 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: \_\_\_\_\_

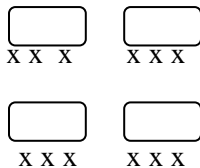
1st choice: Day \_\_\_\_\_ Date: \_\_\_\_\_ Time \_\_\_\_\_ Estimated Attendance # \_\_\_\_\_

Alternate Day \_\_\_\_\_ Date: \_\_\_\_\_ Time \_\_\_\_\_ # \_\_\_\_\_

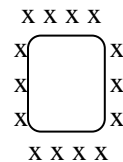
*\*If you are planning a regular, long term meeting (weekly, monthly etc.) please attach an additional sheet listing ALL dates, the start and end times. Please mark any dates with exceptions regarding attendance, set up etc.*

**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

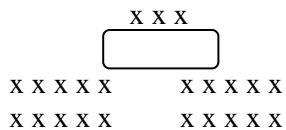


Conference style (tables in an OPEN square)

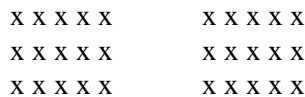


**Please specify the number of chairs around the table.**

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: \_\_\_\_\_