

## YMCA OF CALLAWAY COUNTY FACILITY RENTAL REQUEST FORM

Event Details		Event Date:	Type of Ev	of Event:			Event Time:		
Contact Person		Ms. First Name Mrs. Mr.	M.I.	Last Name	3			Date of Birth	
С О	Street Address:								
N T A	City:			State: Zip Code					
C T	Daytime Phone				Evening Phone				
I N	Email								
F O	Membership Unit #								
Г			FACILI'	TIFS AVAII	ARIF				
-	FACILITIES AVAILABLE  PLEASE CHECK AREA(S) REQUESTED FOR YOUR EVENT. PRICES INDICATED ARE MEMBER/ NON MEMBER RATES. Studio(1) Room \$25/\$35(per two hours)Studio(2) Room \$25/\$35(per two hours)Basketball Gym (capacity 200 people) \$25/\$50 (per hour)								
	Facility Rental is subject to availability. Gym and aerobics room rentals are not available during the week.  Facility rental is not confirmed until you have received a phone call from the Membership Director or Program Director and payment of your Reservation is received.								
тот	AL AMOUN	T DUE FOR FACILITY RENTAL				\$	PER	HOURS=\$	
FACILITY RENTAL TERMS AND CONDITIONS (Please initial where indicated to acknowledge agreement)									
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