



Sea Country Senior and Community Center Facility Use Application

Applicant Information	
Name:	Organization:
Address:	Phone:
City:	Zip:
Non-Profit ID#	Email:

Room Request: A 2 hours minimum Monday-Thursday/4 hours Friday-Sunday may apply.		
Day of the week:	Date:	Room Requested:
Rental Time (Including Set-Up and Clean-Up): From:		To:

Event Information	
Type of Activity (Meeting, Seminar, Party, Etc):	
Event Details/Purpose:	
Event Time (Time your guests arrive and leave):	
Will Alcohol be served?	Will Alcohol be sold?
Will food/beverage be served?	Number of people expected:
Caterer name and phone number:	
Is this a youth oriented event?	If so, describe:
Number of children expected:	Approximate ages:
Do you have a coordinator? If so, name and phone:	
Will you have a Band or DJ? If so, name and phone:	
Equipment requested from us: Chairs Tables Mic Screen/Projector Other:	
Equipment you will provide:	
Outside Vendors you will provide with phone #:	
Contact person for day of event name and phone:	
Is this a Free event?	Open to the public?
Type of advertisement:	
If the event is open to the public and not free, what will the admission charge be? \$	

Signature Required	
I understand that until a Permit is issued by the City, I do not have a guaranteed reservation, but a verbal account of availability at this time. I certify that all information on this application is true and accurate, that I am 21 years of age or older, and I am the person responsible for this event.	
_____	_____
Applicant Signature	Date

OFFICE USE ONLY		
_____	_____	_____
Staff signature, if approved	Date	Time
Appointment for Permit/Deposit:		