



FACILITY USE REQUEST FORM: Clearwater Arts Center & Studios

NAME OF EVENT	GUESTS #	EVENT DATE
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Space(s) Requested (i.e. Main Gallery, or Greenway Gallery/ Kitchen in Lower Level, etc.)

Rental Rate / Anticipated # of event hours (include setup/ cleanup) / Start & end times

RENTER AND/OR COMPANY NAME

ADDRESS

CONTACT NAME	PHONE
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EMAIL	FAX (If applicable)
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Please describe the nature of your event:

Do you intend to serve alcohol: Yes/ No

If so, will a licensed caterer do the serving? Yes/ No

Will drinks be sold, or free? _____

Will children be attending your event: Yes/ No

Is this a private event: Yes/ No

Any special requests? _____

Please note The ClearWater Arts Center & Studios, its staff, and the ClearWater Artist Coalition are not responsible for and loss of property to Renter, Renter's agents, or event attendees.

Sign:

Date:
