

PARISH GROUPS/MINISTRIES ONLY



Incarnation Community Center

ROOM

RESERVATION REQUEST (Please Fill Out Completely)

Today's Date: _____

Name _____ Organization/Party _____

Phone: Day () _____ Evening () _____ Cell () _____

Fax: _____ Email _____

Address _____ City, Zip _____

Type of Event _____ Number of People Expected _____

Date Requested: _____ Second Choice _____

Time of Event: _____ Second Choice _____

Room Requested: _____ Second Choice _____

For Office Use Only:

Request Received by _____ Date _____

Room Assigned: _____ Confirmed Date: _____

Amount of Deposit Received: _____ Check # _____

Payment: _____ Check # _____

Room Set-Up: _____ Charge: _____

Outside User Agreement Yes No Signed: _____ Received Date: _____

ICC Rental Agreement: Yes No Signed: _____ Received Date: _____

Proof of Insurance Coverage: Yes No Date Received: _____ Church Group: _____

Keys Required: Yes No Date Received: _____ No.: _____

Kitchen Use: Yes No Access Only: _____ Full Use: _____

Walk through/Procedures: Yes No By: _____ Client Int.: _____

Parking Required: Yes No # of Spaces Required: _____ School Parking Lot

Walk through of Property: Yes No By: _____ Client Int.: _____

Special Requirements: _____

Approved By: _____ Date: _____

Not Approved by: _____ Reason: _____

Notified Group on _____ By: _____ Entered in INCA Calendar _____ By: _____