

**TOWN OF BERRY CIVIC CENTER
REQUEST for FACILITY USE
PHONE: (205) 689-4562 FAX: (205) 689-4371**

DATE SUBMITTED: _____

DATE (S) NEEDED: _____

USAGE FEE: _____ DEPOSIT _____

PROGRAM OR ACTIVITY TITLE: _____

PERSON (S) REQUESTING FACILITY: _____

TELEPHONE: HOME _____ OFFICE _____ CELL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Additional Contact person: _____ Phone # _____

AREA(S) REQUESTED:

ROOM(S)	TIME(S) NEEDED
	from to
_____	_____
_____	_____
_____	_____
_____	_____

AUDIO VISUAL EQUIPMENT NEEDED: (Please \checkmark the ones needed)

Small amplifier with microphone _____ Microphone(s) _____ # needed _____
Large podium _____ Projection Equipment _____
Soundboard _____

ROOM SETUP: (Please fill in the amount needed)

Please \checkmark table arrangement desired

_____ # of 5' round tables
_____ # of 8' rectangle tables Banquet _____ Theater _____
_____ # of chairs

Note: Setup request will be fulfilled if staffing permits.

ADDITIONAL COMMENTS:

NOTE: ANY STRUCTURAL MODIFICATION TO ROOMS OR FACILITIES FOR THE PURPOSE OF DECORATION, ETC., MUST HAVE PRIOR APPROVAL.

USER IS RESPONSIBLE FOR ANY DAMAGES INCURRED.

I have read and/or have been given a copy of the rules and regulations for the Town of Berry Civic Center and will abide by them.

USER SIGNATURE: _____

Request taken by _____ **Date** _____