



WOODMEN
COMMUNITY CENTER

RENTAL APPLICATION

Date of Use _____

Facility Requested Banquet Room Gymnasium Conference Room

Hours of Use _____ AM/PM through _____ AM/PM

Company Name (if applicable) _____

Last Name (Please Print) _____ First Name _____

Date of Birth (MM/DD/YY) _____

Address _____

City/State/ZIP _____

Email _____

Primary Phone (_____) _____ Secondary Phone (_____) _____

Head Count _____

Description of Activity/Event _____
