

RICEVILLE COMMUNITY CENTER

APPLICATION

DATE REQUESTED _____

NAME: _____

MAILING ADDRESS: _____

CELL NUMBER: _____

EMAIL ADDRESS: _____

DATE RANGE RESERVED: _____

SELECT WHICH APPLIES:

SPECIAL EVENT: _____

COVERED BOOTH _____ HOW MANY _____

PARKING LOT BOOTH _____ HOW MANY _____

TOTAL DUE\$ _____

I HAVE READ THE GUIDELINES FOR THE COMMUNITY CENTER AND AGREE TO ADHERE TO THE RULES AND REGULATIONS.

_____ DATE: _____

BOOTH NUMBER _____

BOOTH COST \$10 DAILY (SEE SPECIAL EVENT FOR OTHER COST)