



# Carroll County Community Center

Physical, Mental, and Spiritual Health

## FACILITY RENTAL APPLICATION

For Use of the CCCC Facility

Name of Group: \_\_\_\_\_ Date: \_\_\_\_\_

Person Responsible: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Date of Rental: \_\_\_\_\_ Hours: From \_\_\_\_\_ to \_\_\_\_\_  
(month/day/year)

Number Expected to Participate: Adults: \_\_\_\_\_ Youth: \_\_\_\_\_

Facilities Desired: \_\_\_\_\_

Special Equipment: \_\_\_\_\_

\_\_\_\_\_

Room Requested:	
½ Gymnasium _____	Full Gym _____
Other (Name Room) _____	

Hourly Cost:	<u>Member</u>	<u>Non-member</u>
Up to 10 Guest	\$30	\$40
Over 10 Guests	\$40	\$50

Total Fee: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved By: \_\_\_\_\_  
(Director's Signature)

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