



VETERANS MEMORIAL CENTER, INC.

400 South Sykes Creek Parkway, Merritt Island, Florida

Telephone: 321-453-1776, ext 5

FACILITY RENTAL APPLICATION

Call 321-453-1776 ext 5 to check availability. Email completed forms to brevardvmc@gmail.com

DATE:		TOTAL FEES:	
		VETS DISCOUNT 10%	
NAME (Please Print):		DOWN PAYMENT:	
ADDRESS:		FINAL PAYMENT:	
PHONE NUMBER:		501(c)(3) EXEMPT:	YES / NO
EMAIL:		ALCOHOL:	YES / NO
DESCRIPTION OF EVENT: GRAY HALL LIBRARY MUSEUM			
DATE(S) REQUESTED:		SETUP DRAWING:	YES / NO
TIME(S) REQUESTED:		PROJECTOR:	YES / NO
# of GUESTS:		MICROPHONES:	YES / NO
		LECTURN:	YES / NO

1. I/we understand that we should remove all decorations and food at departure. No pins, nails or staples may be used in decorating. I/we will keep the hall doors closed during the event. **Initials:** ____
2. The fees include \$150 down payment for cleaning and custodian assistance provided by the VMC. **Initials:** ____
3. I/we have included set up and decoration time in the event and understand that I must exit the room at the agreed end time, in consideration of the assigned custodian and/or following rentals. **Initials:** ____
4. If alcohol is served, I/we accept full responsibility for any outcomes related to its use. I/we further agree to comply with Florida's age requirement (21) for the consumption of alcohol. Alcohol may not be sold. **Initials:** ____
5. I/we understand that we should notify the VMC as soon as possible if a cancellation is needed and work with the Treasurer for the refund. **Initials:** ____

Thank you for choosing the VMC for your Event!

Applicant Signature: _____ **Date:** _____

VMC Representative Signature: _____ **Date:** _____

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VMC Treasurer Signature: _____ **Initials/Date:** _____

Custodian Assigned Name: _____ **Initials/Date:** _____