



VETERANS MEMORIAL CENTER, INC.

400 South Sykes Creek Parkway, Merritt Island, Florida

Telephone: 321-453-1776, ext 5

RECURRING RENTAL APPLICATION

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

ASSOCIATION/ORG:		DATE:	
CONTACT (Please Print):		501(c)(3) EXEMPT:	YES / NO
ADDRESS:		VMC TENANT:	YES / NO
PHONE NUMBER:		HOURS REQUESTED:	
CONTACT EMAIL:		DAY OF THE WEEK:	M-Tu-W-Th-F
		MONTHLY:	1 st 2 nd 3 rd 4 th Last
PLANNED USE: GRAY HALL LIBRARY		RECURRENCE:	WEEKLY / MONTHLY
SETUP DRAWING:	YES / NO	TOTAL FEES (Non-Tenant):	
# of GUESTS:		MICROPHONES:	YES / NO
PROJECTOR:	YES / NO	LECTURN:	YES / NO
PEOPLE RESPONSIBLE FOR ENTRY CODES (PLEASE PRINT):	1) 2) 3)		

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. I/we have included set up time for 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:** ____
3. 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:** ____
4. I/we understand that we should notify the VMC as soon as possible if a cancellation is needed so the calendar can be updated. **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:** _____