



**VETERANS MEMORIAL CENTER, INC.**  
400 South Sykes Creek Parkway, Merritt Island, Florida

**FACILITY RENTAL APPLICATION**

Call 321-453-1776 to check availability. Email completed forms to [brevardvmc@gmail.com](mailto:brevardvmc@gmail.com)

DATE AND TIME of the PROPOSED EVENT:		TOTAL FEES: VETS DISCOUNT 10%	
NAME (Please Print):		DOWN PAYMENT:	
ADDRESS:		FINAL PAYMENT (cash, CC, check):	
PHONE NUMBER:		ALCOHOL:	YES / NO
EMAIL:		501(c)(3) EXEMPT:	YES / NO
DESCRIPTION OF EVENT: GRAY HALL LIBRARY MUSEUM			
TODAY'S DATE:		PROJECTOR:	YES / NO
ESTIMATED # of GUESTS:		MICROPHONES:	YES / NO
SETUP DRAWING:		PODIUM/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. **Initials:** \_\_\_\_
2. I/we will keep the hall doors closed during the event to maintain hall temp. **Initials:** \_\_\_\_
3. The fees include \$150 down payment for cleaning and custodian assistance provided by the VMC. **Initials:** \_\_\_\_
4. 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 other rentals. **Initials:** \_\_\_\_
5. 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:** \_\_\_\_
6. 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:** \_\_\_\_\_