



BREVARD VETERANS MEMORIAL CENTER, INC.

400 South Sykes Creek Parkway, Merritt Island, Florida

FACILITY RENTAL APPLICATION

Call 321-453-1776 EXT 1 to check availability

Email completed forms to bvmctreasurer@gmail.com

DATE AND TIME of the PROPOSED EVENT:		TOTAL FEES:		
NAME (Please Print):		DOWN PAYMENT:		
ADDRESS:		FINAL PAYMENT (cash, CC, check):		
MOBILE NUMBER:		ALCOHOL:		YES / NO
EMAIL:		BVMC COLOR GUARD		YES / NO
DESCRIPTION OF EVENT: GRAY HALL (GH) LIBRARY MUSEUM				
TODAY'S DATE:		PROJECTOR:		YES / NO
ESTIMATED # of GUESTS:		(GH) MICROPHONES:		YES / NO
(GH) SETUP DRAWING:		(GH) PODIUM:		YES / NO

1. I/we understand that we should remove all decorations and food by 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 custodial 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 BVMC as soon as possible if a cancellation is needed and work with the Treasurer for the refund. **Initials:** ____

Thank you for choosing the BVMC for your Event!

Applicant Signature: _____ **Date:** _____

BVMC Representative Signature: _____ **Date:** _____

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

Custodian Assigned Name: _____ **Added to the Calendar:** _____

4 November 2025