



BREVARD VETERANS MEMORIAL CENTER, INC.

400 South Sykes Creek Parkway, Merritt Island, Florida

RECURRING RENTAL APPLICATION

Call 321-453-1776 EXT 1 to check availability

Email completed forms to bvmctreasurer@gmail.com

| | | | |
|--|----------------|--------------------------|--|
| ASSOCIATION/ORG: | | DATE: | |
| CONTACT (Please Print): | | 501(c)(3) EXEMPT: | YES / NO |
| ADDRESS: | | BVMC 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 | PODIUM: | YES / NO |
| PEOPLE RESPONSIBLE FOR ENTRY CODES (PLEASE PRINT): | 1) 2) 3) | | |

1. I/we understand that we should remove all decorations and food by 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 BVMC as soon as possible if cancellation is needed so the calendar can be updated. **Initials:** ____

Thank you for choosing the VMC 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