

RENTAL REQUEST FORM

Date Requested _____

Rental Hours _____

Organization _____

Contact Name _____

Address _____

City _____ Zip _____

Phone _____ Cell _____

Email _____

Movie _____ Our List? _____

Special Needs _____

Marquee Request _____

Request

Guests _____

Concessions

Rental

Viquesney*

Balcony

Auditorium

Tables*

Chairs

Projection

Microphone

Approval and Payment – TO BE COMPLETED BY TIVOLI STAFF

Approved

Confirmed

On Calendar

Contract Sent

Deposit \$ _____

Paid in full

Cash

Check # _____

Charge