

LUELLA COLLINS COMMUNITY CENTER

RESERVATION REQUEST APPLICATION

THIS SEC	TION IS TO BE COMPLETED BY T	THE EVENT'S LEAD CONTACT:
Today's D	ate:	Event Date:
Applicants	Full Name:	
Phone Number:		Applicant DOB:
Event Type:		Expected Number of Guests:
Time Requ	uested (Start-Finish):	
What areas	s will you be using? (Mark all that app	ly)
Upper Lev	rel:	
☐ Great I	Room	
□ Multip	urpose Room	
□ Basket	ball Hoop	
□ Volley	ball Net	
□ Firepla	ice	
☐ Kitche	n (if using kitchen, what will you be us	sing?)
Lower Lev	vel:	
□ Craftin	ng Room	
□ Meetin	ng Room #1	
□ Meetin	ng Room #2	
Will you n	eed instruction on how to use any of the	he above? YES or NO
Applicant'	s Signature:	



THIS SECTION IS TO BE COMPLETED BY THE APPROVING OFFICIAL:
Has the reservation been approved or denied?
Has the Lead Contact received copies of the LCCC Usage Policies? YES or NO
Has the Lead Contact signed and returned the Lease Agreement to the approving official? YES or NC
Deposit Received: YES or NO Date Received:
What rental has been agreed upon?
Explanation of decision:



Please choose which room set-up you would like. The room set-ups shown below may be adjusted to fit the size of your group.

