## **Huxley Communications' Event Room Rental Application**

Date of Application:	<del></del>		
Applicants name:			
Address:			
Phone:			
Name of Organization:			
Are you a member of Huxley	Communications	s Cooperative:	YesNo
Date of Event	Time of Event		
Rental Time:	1/2 Day	All Day	
Kitchen Area Rental (addition	nal fee):	1/2 Day	All Day
Number of Round Tables ne	eded:		
Number of 8 ft tables needed	d:		
Number of 6 ft Tech Training	ı tables needed: _		
Number of chairs needed:			
What Audio/video needs do	you have:		
Type of Event			
Number of expected attendees			
Will beer or wine be served?Yes No			
Will you be cleaning the room to the Regulation Standards and receiving deposit back?			
Will you be paying Huxley Co	mmunications for	cleaning and forfeit d	leposit?
Additional needs or special requirements:			