



## Charlotte County Family Services Center

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### *Request for Facilities Use*

*The Charlotte County Family Services Center is a drug free, alcohol free and tobacco free environment.*

Requests for facilities are only processed on Mondays and Thursdays of each week. Therefore, this form needs to be completed and returned prior to 8 a.m. on either Monday or Thursday in order to be processed. Completed forms received after deadlines will be considered on the next scheduled processing day. The contact person listed on the form will be notified by telephone or e-mail of whether or not the Center will be able to accommodate the request. Completed forms can be faxed to (941) 833-6565.

Name of the organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Organization: \_\_\_\_\_ Organization is profit \_\_\_\_\_ or non-profit \_\_\_\_\_

What is the nature of the event? \_\_\_\_\_ Co-Sponsor \_\_\_\_\_

Date of event \_\_\_\_\_ Time you would like access \_\_\_\_\_ Time event begins & ends \_\_\_\_\_

Will participants attending the event be charged any fees? No \_\_\_ Yes \_\_\_ If yes, how much? \_\_\_\_\_

Expected number of participants \_\_\_\_\_ Is this a fund-raising event? No \_\_\_\_\_ Yes \_\_\_\_\_

Will you need assistance with set-up/take down? No \_\_\_ Yes \_\_\_

Will the event be advertised in the media? No \_\_\_ Yes \_\_\_

**Food/Beverage:** Food and beverage supplied by individuals or outside vendors is not permitted without prior approval and may be subject to an additional clean up fee. Alcohol is not permitted on Center grounds.

Will any food or beverages be served at the event? No \_\_\_\_ Yes \_\_\_\_

**Type of facility needed:**

Facility -	Check room and equipment needed.
Auditorium (capacity 500)	
♦ House lighting	
♦ Stage lighting	
Auditorium Lobby- please specify use	
Conference Room (Suite 12): capacity is 40 with theater-style seating or 25 if tables are needed.	

Outdoor event - Please list type of outdoor event:
♦ Expected number of attendees
♦ Electrical needs, please be specific
♦ Restrooms

**Set-Up Request** (please specify how room needs to be set up, set-up/take down fees may apply):

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**Other requests or information:**

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