



# Rental Request Form

Canyon Community Center  
PO Box 187, 126 Lion Blvd., Springdale, UT 84767  
435-772-3434, 435-772-3952 (fax)

*Do not submit fees/ deposits with this form.  
Use the Rental Policy to fill out the following.*

## User Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

USER # \_\_\_\_\_

Initials \_\_\_\_\_

RCVD		
CT/Sent		
1-PAY		
F-PAY		

## Classification of User Check One

- Group 1A – Local Public Agencies
- Group 1B – Local Social and Welfare Activities

### Group 2 – Non-commercial Private Events

- Local\*
- Non-Local
- Group 3 – Non-Local Non- profit Organizations  
(Attach copy of 501(c)3 determination letter with this form)
- Group 4 – Commercial
- Local\*
- Non-Local

\*Attach with this form proper verification to receive the local rate.  
See definition of a local in Rental Policy.

## Room Rental and Use Check Applicable Boxes

Rooms	Rental	Deposit
<input type="checkbox"/> 3-part Auditorium	_____	_____
<input type="checkbox"/> Performance Room	_____	_____
<input type="checkbox"/> Library Room	_____	_____
<input type="checkbox"/> Crafts Room/Kitchen	_____	_____
<input type="checkbox"/> Amphitheater	_____	_____
<input type="checkbox"/> Gallery*	_____	_____

\*Gallery floor Available only with rental of 3-part Auditorium

### Additional Equipment

<input type="checkbox"/> TV/VCR/DVD	_____	_____
<input type="checkbox"/> Projector	_____	_____
<input type="checkbox"/> Microphone/Sound	_____	_____
<input type="checkbox"/> Stage	_____	_____
<input type="checkbox"/> Dance Floor	_____	_____
<input type="checkbox"/> Baby Grand Piano	_____	_____

Total Rental and deposit \_\_\_\_\_

Note: CCC Staff will fill out rental and deposit amounts

## Description of Event

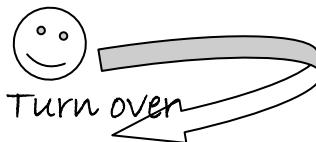
Name of Event: \_\_\_\_\_

Description of Event (example: meeting, wedding): \_\_\_\_\_

Estimated Attendance: #Adults \_\_\_\_\_ #Youth (under 16) \_\_\_\_\_ Required one adult per ten youths.

Please check the following that apply to the event:

- The event will have food served.
- The event will be catered. Caterer's name: \_\_\_\_\_
- The event is open to the public.
- Admission will be charged. Purpose of fee: \_\_\_\_\_
- Alcohol will be served. (DABC Single Event Permit and additional insurance may be required.  
See Alcohol Permits and Insurance in Rental Policy)



# EXAMPLE

A four-hour event on the 8<sup>th</sup> of December 2007 starts at 5pm. The caterers need to arrive an hour early and general clean-up requires 1/2 an hour. The entire event rental will be for 5 1/2 hours and renter will be charged for an 8 hour period. The tables should be filled out in the following manner:

Date(s) mm/dd/yy	Set-up	Function	Clean-up	Total Hours
12 / 8 / 07	4:00pm - 5:00pm	5:00pm - 9:00pm	9:00pm - 9:30pm	5 1/2 hours

Single Event 1<sup>st</sup> Choice – Use additional lines for multiple day event

Date (s) mm/dd/yy	Set-up	Function	Clean-up	Total Hours
/ /				
/ /				
/ /				
/ /				
/ /				

Single Event Alternative – Use additional lines for multiple day event

Date (s) mm/dd/yy	Set-up	Function	Clean-up	Total Hours
/ /				
/ /				
/ /				
/ /				
/ /				

Re-Occurring Use 1<sup>st</sup> Choice Starting Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ending Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Weekly: (circle): Sat. Sun. Mon. Tues. Wed. Thurs. Fri.  
 Monthly: (circle) 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> (Circle) Sat. Sun. Mon. Tues. Wed. Thurs. Fri.  
**OR** Date of the month: \_\_\_\_\_  
 Other (explain): \_\_\_\_\_

Time of Use:	Set-up	Function	Clean-up	Total Hours

Re-Occurring Use Alternative Starting Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ending Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Weekly: (circle): Sat. Sun. Mon. Tues. Wed. Thurs. Fri.  
 Monthly: (circle) 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> (Circle) Sat. Sun. Mon. Tues. Wed. Thurs. Fri.  
**OR** Date of the month: \_\_\_\_\_  
 Other (explain): \_\_\_\_\_

Time of Use:	Set-up	Function	Clean-up	Total Hours

Submitting this form does not constitute a contract. Canyon Community Center will contact you within five working days regarding your request. Pricing and/or conditions subject to change without notice.

The undersigned, hereby agrees to be responsible for any damages to the facility occurring during and by this use, and agrees to be responsible for the conduct of all persons attending this function. Applicant further agrees to be responsible for any accident or injury occurring to anyone during and by this use, and agree that the Town of Springdale, its officers and employees, shall not be responsible for any such injury or loss, except as arises from the sole willful act, omission or sole negligence of the Town of Springdale, its officers or employees. The undersigned has received a copy of the Facility Use Policy and agrees to comply with the rules and regulations listed therein.

Print Name

Signature of Applicant

Date