



## Event Facility Interest Form

Contact Name: \_\_\_\_\_

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

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

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

*How may we best contact you? \_\_\_\_ phone \_\_\_\_ email*

### Event Information

Requested Event Date(s) \_\_\_\_\_

(Please include multiple dates if possible, in the event your requested date is already booked):

Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Name of Applicant/Organization \_\_\_\_\_

Is the Applicant/Organization a non-profit? \_\_\_\_ Yes \_\_\_\_ No

Estimated # of guests: \_\_\_\_\_

Event Type: \_\_\_\_\_

### **Additional Information**

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Print Name of Contact: \_\_\_\_\_ Signature of Contact: \_\_\_\_\_

**Please submit this form at least 3 weeks prior to your event. The submission of this form does not guarantee a booked event. Allow at least two days for a response.**

Email completed form to: [jones@grahaminvestmentco.com](mailto:jones@grahaminvestmentco.com)