



Center for Manifestation

Building Usage Form

Contact Name: _____

Contact Number: _____ **Alternate Number:** _____

Email Address: _____

Address: _____

Event Type:

- Concert Seminar Funeral
 Conference Play Other (Explain) _____

Event Date(s): From: _____ To: _____

Approximate Number of Attendees:

- 0 - 20 100 - 300
 20 - 100 400+

Rental Details / Additional Requests:

Building Only (includes security & sound tech.)

- Yes No

On Screen Video Aid

- Yes No

Videography

- Yes No

Will food be served

- Yes No

Management Approval

- Approved
 Rejected

Comments:

Management Signature

Date

*****Please allow 48 hours for your request to be reviewed*****