

**FACILITY RENTAL APPLICATION**

**Allnex Community Room**

**Conference Room**

**HUBCAP WALLINGFORD**

*Providing a Unique Space for Meetings, Conferences, Presentations and Retreats...*

**Applicant Name:** \_\_\_\_\_

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

**E-Mail:** \_\_\_\_\_

**Best Phone Number to Reach You:** \_\_\_\_\_

**Name of Organization Representing:** \_\_\_\_\_

**Address of Organization:** \_\_\_\_\_

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**Nature of Program or Event:** \_\_\_\_\_

**Total Number Expected:** \_\_\_\_\_ **Private or \*Public Event:** \_\_\_\_\_

\*If Public Event, do you give **HUBCAP** permission to take pictures and/or advertise on Social Media? Yes \_\_\_\_\_ No \_\_\_\_\_

**Date of Reservation:** \_\_\_\_\_ **or to meet Monthly:** \_\_\_\_\_ **Weekly:** \_\_\_\_\_

**Community Room:** \_\_\_\_\_ **Conference Room:** \_\_\_\_\_

**Event Time: From** \_\_\_\_\_ **To** \_\_\_\_\_ **Set-up Time:** \_\_\_\_\_ **Clean-up Completed by?** \_\_\_\_\_

**Will Food be Served?** \_\_\_\_\_

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I certify that the information that I have provided on this application is true and accurate to the best of my knowledge. I understand that I can be turned down if I have falsified any information on this application. I hereby authorize the verification of all of the above information by HUBCAP Wallingford, including a credit report. If event plans change, I will submit a revised application accordingly.

I have read, initialed and will comply with the Policies Governing the use of HUBCAP. \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photo ID Required and Submitted with Application:** \_\_\_\_\_

Please Forward ID and Completed Application to: HUBCAP Wallingford; 128 Center Street; Wallingford, CT; 06492 or e-mail [susanne@hubcapwallingford.org](mailto:susanne@hubcapwallingford.org).

For Additional Information, please contact our Concierge Desk at: 203-626-9351

Entered on calendar \_\_\_\_\_