

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: _____

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? _____

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 info@hubcapwallingford.org.

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

Entered on calendar _____