

## Capstone Application

**Student Name:** \_\_\_\_\_ **Class** \_\_\_\_\_

**Cell ( )** \_\_\_\_\_ **Email** \_\_\_\_\_

**Teaches Name:** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_ **Email** \_\_\_\_\_

**School:** \_\_\_\_\_

**Description of project to be held at HUBCAP:** \_\_\_\_\_

**Date of Reservation:** \_\_\_\_\_

**Event Time: from:** \_\_\_\_\_ **to:** \_\_\_\_\_ **Set-up Time:** \_\_\_\_\_ **Clean-up Complete:** \_\_\_\_\_

**Total Number Expected:** \_\_\_\_\_

**Applicant would like to utilize:** **Conference Center or Conference Room or Popup Store**  
*please circle one*

I certify that the information that we 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/We hereby authorize the verification of all above information by HUBCAP Wallingford including a credit report. If our plans change, we will submit a revised application accordingly.

I have read, initialed and will comply with HUBCAP Guideline and Policy Governing Use of HUBCAP Facility.

This application does not constitute a contract, lease, or rental agreement for space.

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

### **Photo ID Required**

Forward ID and Completed Application to: [info@hubcapwallingford.org](mailto:info@hubcapwallingford.org)

For additional information please contact Director: [info@hubcapwallingford.org](mailto:info@hubcapwallingford.org)

