



### Gay Community Center of Richmond Facility Reservation Form

**Contact Information:**

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

E-mail: \_\_\_\_\_

Organization Name: \_\_\_\_\_

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

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

We are a tax-exempt 501 [c] 3 organization: \_\_\_\_\_ Yes \_\_\_\_\_ No

Our Federal Tax ID Number is: \_\_\_\_\_

**Event Information:**

Date of event: \_\_\_\_\_ Approx. # of attendees: \_\_\_\_\_

Hours of event: From \_\_\_\_\_ AM/PM until \_\_\_\_\_ AM/PM

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

Is this a recurring event? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how often: \_\_\_\_\_

Room(s) requested:

Facility	Accommodates	Hourly Rate	Total
_____ Main Hall	500 theater seating/250 banquet seating*	_____	_____
_____ Small Hall	150 theater seating/75 banquet seating*	_____	_____
_____ Entire Event Hall	650 theater seating/325 banquet seating*	_____	_____
_____ Meeting Room 1	20 in row seating/15 at tabled seating*	_____	_____
_____ Meeting Room 2	12 in row seating*	_____	_____
_____ Main Gallery	40 in row seating/25 at tabled seating*	_____	_____
_____ Lounge	6 at a conference table/12 – 15 total	_____	_____
_____ Entire Gallery	100 for reception*	_____	_____
_____ Classroom	25	_____	_____

\* Figures are approximate

**Total:** \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

*For internal use only below this line.*

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Denied