

Rocky Ford Chamber of Commerce

REQUEST FOR USE OF FACILITY

- William L. Gobin Community Center**
 Baggage Room **Depot Square**

Date Requested _____

Hours facility will be used: _____

Type of Event: _____

Chamber Member: Yes No

Will Alcohol, beer, or wine be served: Yes No

How many guests do you expect to have your event? _____

Group or Individual Requesting Use: _____

Responsible Person/s: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____
(cell) : _____

E-Mail: _____

(For Office Use Only)

Damage Deposit Return to be sent: _____ Yes _____ No

Date Sent: _____