

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

*****Please note: If you say no Alcohol and you have Alcohol, your Damage Deposit will not be returned. It is State Statue that if you have Alcohol, we must have Security for your event.******

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: _____