

# Elk Grove Masonic Center Rental Application

APPLICANT CONTACT INFORMATION
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Name of individual responsible for event:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Application on behalf of:  Group  Individual  Organization  Business

Name of Group, Individual, Organization of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Phone: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

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

Alternate Contact Person: First: \_\_\_\_\_ Last: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

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

RENTAL INFORMATION
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Rental Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Guest Arrival Time: \_\_\_\_\_ am/pm

Time of Rental: \_\_\_\_\_ am/pm. To \_\_\_\_\_ am/pm

Type of Activity/Event: \_\_\_\_\_ Attendance: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS
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Will alcohol be served	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will there be amplified sound	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will alcohol be sold	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will there be amplified sound outdoors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will food be served	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you have inflatable attractions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will food be sold	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you have an Event Planner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be an admission fee or donation for admission	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you have a Caterer	<input type="checkbox"/> Yes	<input type="checkbox"/> No

APPLICANT ATTESTATION AND SIGNATURE
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This Agreement shall be effective and binding on all parties upon the delivery by both parties of a signed copy to the other party which may be done by facsimile transmission or portable document format (PDF). I understand that I will be contacted by a representative within three business days from the date the application is submitted and that my application for the use of the facility is not final until a contract is signed and a payment is made. I attest that all the information provided in this application is true and correct. I agree that providing false information shall constitute forfeiture of the entire deposit.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit application to: [scottpwmsn@gmail.com](mailto:scottpwmsn@gmail.com) – OR FAX (916) 244-0544