

1916 N. Lakewood Drive

Coeur d’Alene, ID 83814

Tel: 208-667-4628

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Email: Events@lakecitycenter.org

Rental Application

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| Applicant Information |
| Name of person or organization:  |
| Person responsible for payment: | Phone: |
| Mailing address: |
| City: | State: | ZIP Code: |
| Email: |
| Have you rented our facility before? Yes / No (Please Circle) If yes, when? | **Expected Head Count:** |
| How did you hear about us? |
|   |  |
| Is the guest of honor a senior 60+? Yes / No (Please Circle) |  | Date of Birth: |
| Event Information (All renters must pay for the entire length of time needing the building) |
| **Date requested:** Month: Day: Year: Day of the week: | Does this event reoccur? Yes / No |
| Type of event (Place an “x” in appropriate box) | Wedding Ceremony: \_\_\_ | Wedding Reception: \_\_\_ | Rehearsal Dinner: \_\_\_ |
| Retirement party: \_\_\_ | Company holiday party: \_\_\_ | Anniversary: \_\_\_ | Fundraiser: \_\_\_ |
| Meeting: \_\_\_ (no food involved) | Concert: \_\_\_ | Dance: \_\_\_ | Club banquet: \_\_\_ |
| Other: \_\_\_\_ What type of event: | **Do you want us to supply linen cloths for tables?** | Yes / No |
| **Time Requested:**  | Setup time: | Event Time: | Exit Time: (total vacancy) |
| Your requested times will be taken into consideration, but until a final contract is laid out, they are tentative. Any vendors must setup and |
| Breakdown within the time rented.  | **Audio/Video? Circle**  | Projector / Microphone / Amp w/RCA / TV / DVD / Google Chromecast |
| Food and Beverage |
| Will there be food? Yes / No (Please Circle) **\***Note: **Kitchen NOT available for rent or use.** |
| Is a catering service going to cater your event: Yes / No (Please circle)  |
| Please provide name of caterer:  | Phone: |
| Will this be potluck? Yes / No (Please Circle) | Outside food waiver must be signed and name of caterer must be posted at event. |
| Alcohol |
| Must fill out the Damage Retainer Form: |  |
| Link Below |  |
| https://www.lakecitycenter.org/rentals |  |
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| We need a recommendation for a bartender: Yes / No (Please Circle) |
| Room requested to rent (Pricing is available on a separate price list) |
| Please check the appropriate box. Note: Once tables and chairs and dance floors are added to your headcount, the capacity goes down. |
| Banquet room (capacity max 200): | Meeting room (capacity 40 max): | Library/Art room (capacity 45 max) |
| References: Have you rented any other facilities? Not required but recommended |
| Name:  | Address: | Phone: |
|  |  |  |
|  |  |  |
| I authorize that all the information provided on this application is true to the best of my knowledge and authorize LCC to verify the information.  |
| Signature of applicant: | Date: |

This application does not guarantee the date I requested is saved for me. LCC will contact me for approval. A booking deposit is required to guarantee my date. A formal contract will be required with the event details once booking deposit is made. FORM: RA022018