

Hill Country University Center Facility Rental Inquiry Form

1. Name of Organization: _____

2. Organization Address: _____

Address

City

State

Zip

3. Type of Organization: For Profit: _____ Nonprofit: _____

4. IRS Employer Identification Number: _____

5. Name of Event: _____

6. Purpose of Event: _____

7. Dates Desired and Start/End Times for Each Days of Event:

Date

Times

Date

Times

Date

Times

8. What Time Do You Need Access to the Building for Each Day of Event:

9. Anticipated Attendance: _____

10. Audio-Visual Needs: _____

Note: All presentations must be loaded onto USB drives

11. Room Set-Up: _____ Standard classroom configuration with tables and chairs

Note: Tables are 6', two people per table

_____ Theater configuration (chairs only) _____ Other (please specify):

12. Food/Beverage Served? Yes _____ No _____

13. Alcohol Served? Yes _____ No _____

14. Rental Party Contact Name: _____

15. Rental Party Contact Address: _____

Address

City

State

Zip

16. Rental Party Contact Email: _____

17. Rental Party Contact Phone Number: _____

Facility rental availability along with rental charges for event will be determined upon return of
Facility Rental Inquiry Form to Mr. Lynn Meeks by email: info@hcucenter.org