



Hill Country University Center

Facility Rental Inquiry Form

Name: _____

Type of Organization: For Profit
 Nonprofit *IRS Employer Identification Number* _____

Name of Event: _____

Purpose of Event: _____

Date(s) Desired: _____

Start/End Times for Each Day(s) of Event: _____

Anticipated Attendance: _____

Audio/Visual Needs: _____

Note: All presentations must be loaded onto a USB drive.

Room Set-Up: Standard classroom configuration (i.e., tables and chairs)
Note: Tables are 5' and two people per table
 Theater configuration (i.e. chairs only)
 Other (please specify and include any pertinent sketches)

Food/Beverage Served? Yes No

Alcohol Served? Yes No

Rental Party Contact Name: _____

Contact Email: _____

Contact Phone: _____

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