| A picture containing logo  Description automatically generated | 6021 S Kings Ranch Road, Ste 5  Gold Canyon, AZ 85118  (480) 678-1756 |
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**APPLICATION FOR USE OF THE CENTER**

(PLEASE FILL OUT COMPLETELY. INCOMPLETE APPLICATIONS WILL BE RETURNED)

1. Name of Group/Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor Level: Diamond \_\_ Platinum \_\_ Gold \_\_ Silver \_\_ Copper \_\_ Cactus \_\_

2. Date(s) requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: From \_\_\_\_\_\_AM/PM to \_\_\_\_\_\_\_\_\_AM/PM

3. Authorized representative of Group/Organization

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Describe nature of activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Number of participants \_\_\_\_\_ (**NOTE**: At least 2 adults when children present at all times. Room capacity is 49)

6. Any special services requested? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Name of Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE:** Certificate of Insurance must accompany application. Minimum required insurance is one million dollars. If no insurance a refundable deposit may be required.

The undersigned hereby certifies that he/she has read, fully understands, and agrees to abide with the regulations and conditions concerning this application, and will comply with them.

Date of Application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Authorized Representative of Group/Organization)

DO NOT WRITE BELOW THIS LINE - FOR THECENTER USE ONLY

APPROVED \_\_\_ DISAPPROVED \_\_\_

DATE APPROVED: \_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_