



**APPLICATION FOR USE OF
DR. VELMA H. WILLIAMS WESTSIDE COMMUNITY CENTER
919 S. PERSIMMON AVENUE**



Date of Application: _____ Multipurpose Room _____ Gymnasium _____
(Maximum Occupancy) 125 - Multipurpose Room 225 - Gymnasium

Please review this contract carefully before signing. Any deviation from the conditions set forth by the renter, guests, photographer, DJ, caterer, etc. will result in additional fees or the forfeiture of your deposit.

Organization/Person Responsible: _____

Address (Street, City, State, Zip code) _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email Address: _____

Event Date Requested: _____

Brief Description of Event: _____

Hours of Availability: March – October	November- February
Saturday- 2 PM – MIDNIGHT	Saturday- 4 PM – MIDNIGHT
Sunday - 10 AM - 6 PM	Sunday - 10 AM - 6 PM

Time Needed for Event to Include Setup, and Clean-Up Time

Hours Requested: Open _____ Close _____

Note: Building must be vacated no later than your stated “close time.”

Approximate number of participants and guests: _____

Will children under 21 years of age be in attendance? Yes No

Will alcoholic beverages be served?
Beer Wine Liquor Champagne None

I have read and agree to all rules and regulations set forth on this contract.

If your event requires Police Department coverage and they do not arrive to work your event please call the non-emergency number (407.665.5100) and ask to speak to a Supervisor.

Signature: _____ Date: _____

Print Name: _____

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Staff signature: _____

