

**LAKE CHAPALA SOCIETY, A.C.**  
**Request for use of meeting and activity facilities**  
**Please use BLOCK LETTERS and write neatly**

*Please consult activities booking package for information and sign-up sheets*

DATE \_\_\_\_\_ ORGANIZATION \_\_\_\_\_

\_\_\_\_\_ PURPOSE OF USE \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

Starting time \_\_\_\_\_ Ending time \_\_\_\_\_

Note: Must wind up activities 10 minutes before booked time to give the next group time to prepare their activities.

Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ One time only \_\_\_\_\_

Other \_\_\_\_\_

Preferred location \_\_\_\_\_ 2nd choice \_\_\_\_\_ Size of Group \_\_\_\_\_

DO YOU REQUIRE ANY EQUIPMENT?

Chairs \_\_\_\_\_ Tables \_\_\_\_\_ Microphone \_\_\_\_\_ TV&Video \_\_\_\_\_ Other \_\_\_\_\_

Please state if you need the tables and chairs in a particular arrangement.

Please check one: LCS SPONSORED \_\_\_\_\_ INDEPENDENT GROUP \_\_\_\_\_

No Sign Up required \_\_\_\_\_ Sign up at activity \_\_\_\_\_ Sign up at Front Desk \_\_\_\_\_ Other \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ LCS Member # \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**AGREEMENT:** I agree that the facilities will not be used for For-profit, Political or Religious activities. The LCS facilities will be left in the same (or better) condition in which they were found, and the requesting organization agrees to reimburse the LCS for any damage caused by the use of the facility. The facilities will be vacated 10 minutes before the time as agreed.

SIGNED \_\_\_\_\_

\*\*\*\*\* *FOR OFFICE USE ONLY* \*\*\*\*\*

USE APPROVED BY \_\_\_\_\_

Note: all Medical Activities must be approved by Sue Griffin

DATE \_\_\_\_\_ BOOKED \_\_\_\_\_ NOTIFIED \_\_\_\_\_

COMMENTS \_\_\_\_\_