



234 E. Parkway Boulevard, Coppell TX. 75019
Main: 972-304-7077 Fax: 972-745-7641

RENTAL REQUEST FORM

Date & Time Submitted: _____

First Name		Last Name		M/F	Birthdate	
Street		Apt #		City	State	Zipcode
Home Phone		Cell Phone	Y or N	Carrier	Email Address	
Emergency Contact						
First Name		Last Name		Phone Number & Relation		

2. RENTAL INFORMATION

Event Name: _____

Description: _____

*All rentals will have 15 minutes before and after for setup and cleanup.

Date(s) and Time(s):

Day: _____ Date: ____/____/____ Start Time: ____:____am/pm

Expected Attendance: _____ End Time: ____:____am/pm

*Birthday Party Packages time option: 2-Hour block between 1:30 and 5:00 pm Saturday or Sunday

Repeat: ☐ Yes ☐ No If yes, how often: (Ex. Once a week or every Monday and Thursday) _____

Area(s) Requested: (Please check all that apply)

Multipurpose Rooms (*seats 40-50)

☐ Room A

☐ Room B

Gymnasium

☐ East Court

☐ West Court

☐ Entire Gymnasium*

Swimming Pools

☐ Indoor Pool*

Function:

☐ Banquet/Party

☐ Birthday Party (see below)

☐ Class/Program

☐ Meeting

☐ Pool Party

☐ Sporting Event

☐ Sports Use

Alternate Request Choice: (In case your initial request is not available, please indicate another request option)

Day: _____ Date: ____/____/____ Start Time: ____:____am/pm

End Time: ____:____am/pm

Birthday and Party Package – 2 Hour Rental for 25 people:

☐ **Birthday Bash**

2 Hour Rental Including

- Facility set-up
- Decorations

☐ **A Ball of a Birthday**

2 Hour Rental Including:

- Use of a multipurpose room and ½ of the gym.
- Facility set-up
- Decorations

☐ **Birthday Splash & Bash**

2 Hour Rental Including:

- Use of the Multipurpose Room and indoor pool.
- Facility Set-up
- Decorations

☐ **Birthday Blitz**

*Choose one of the 3 basic party packages and also receive:

- Pizza & Lemonade
- Paper Products
- Birthday child goodie bag (see Special Arrangement section)

Birthday Person's Name: _____ Birthday: _____ Expected Attendance: _____

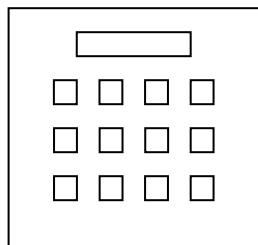
3. COMMUNITY ROOM SETUP

Please select one of the facility set-up styles below or provide a diagram on a separate sheet of paper.

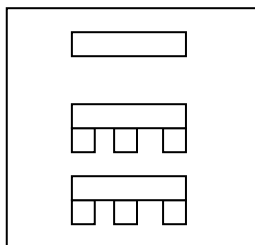
- ☐ **Lecture Style:** One table in front and chairs in two sections with an aisle in the middle
- ☐ **Classroom Style:** One table in front and tables with chairs facing the front across the room
- ☐ **Banquet Style:** Square tables with chairs placed accordingly and tables along the side for food or other materials
- ☐ **Circle Discussion Style:** Chairs in a circle facing the middle
- ☐ **None (Clear Room):** No tables or chairs are setup

LAYOUT EXAMPLES: These designs are for illustrative purposes only. Actual table and chair dimensions are not portrayed.

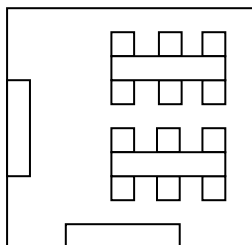
Lecture Style



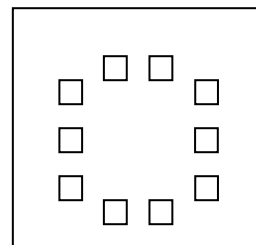
Classroom Style



Banquet Style



Circle Discussion



4. SPECIAL ARRANGEMENTS

Will a caterer be used? ☐ No ☐ Yes - Catering Company Name _____

Catering Company License #: _____

Will an outside vendor be used? ☐ No ☐ Yes - Company Name _____

Company Insurance #: _____

For Meeting Use Only: Please indicate if you will need any of the following:

☐ Podium ☐ Microphone ☐ Projector & screen ☐ TV ☐ DVD

For Birthday Blitz Upgrade: (Note: pizza and lemonade for 25 guests)

Types of pizza: (check types) ☐ Cheese ☐ Pepperoni ☐ Sausage

5. STATEMENT OF UNDERSTANDING

I understand that this form is a request for rental, the rental deposit and the completion of this form does not guarantee my rental of the requested facility (based on availability).

Signature

Date

OFFICE USE ONLY – DEPOSIT & APPROVAL INFORMATION

Form of Payment ☐ Cash ☐ Check # _____ ☐ Visa/MC

Rental Supervisor ☐ Reviewed & Approved ☐ Not Approved Initials: _____ Date: _____

Other Staff ☐ Reviewed & Approved ☐ Not Approved Initials: _____ Date: _____

Center Manager ☐ Reviewed & Approved ☐ Not Approved Initials: _____ Date: _____

Rental Status: ☐ Administrative (Date: ____/____/____) ☐ Firm (Date: ____/____/____)

☐ Cancelled (Date: ____/____/____) ☐ Complete (Date: ____/____/____)

Notes: _____

