

**J.N.Long Cultural Arts Complex Use/Event Information**

**Contact Information**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

**Please write legibly**

**Usage Information**

Type of Event: \_\_\_\_\_ Date Facility Requested: \_\_\_\_\_

Number Of Guests: \_\_\_\_\_ Begin Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**J.N. Long Cultural Arts Facility Requested**

\_\_\_ Gym / Performance Hall \_\_\_ Cafeteria / Lecture Hall \_\_\_ Confernce Room \_\_\_ Meeting Room # \_\_\_\_\_

# hours: \_\_\_\_\_ \$ per hour: \_\_\_\_\_ Total: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_  
CA/CK/CC Initials payment rec'd by: \_\_\_\_\_

Owes: \_\_\_\_\_ By: \_\_\_\_\_

Paid in Full: \_\_\_\_\_ (Date) Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_  
CA/CK/CC Initials payment rec'd by: \_\_\_\_\_

Event Insurance Attached \_\_\_\_\_ Must get by: \_\_\_\_\_ (date)

Signature: \_\_\_\_\_

Contract Date: \_\_\_\_\_

**Copy of Photo ID**

Cleaning Deposit

CA/CK/CC Amount: \_\_\_\_\_  
Date paid: \_\_\_\_\_

CA/CK/CC Amount: \_\_\_\_\_  
Date paid: \_\_\_\_\_

Cleaning Deposit Pick up Date: \_\_\_\_\_

Check # \_\_\_\_\_

Signature for deposit pick up:

\_\_\_\_\_

For Office Use
Room: _____
Date: _____
Time: _____
_____ On Calendar