

For questions or more information about our rental spaces, please contact David Fraley, 704-940-3122 or dfraley@canopyrealtors.com.

## **Room Rental Request Form**

Date of Request:						
Company:						
Contact Person:		Phone: _				
Address:						
Email Address:						
Date(s) of Room Rental Requested:		_ First Choice				
		_ Second Choice				
		_ Third Choice				
Requested Rental Time: (time listed be	elow <u><b>MUST</b></u> include	set-up and clean-	up time)			
From:(a.n	n./p.m.) To:		(a.m./p.m.)			
Event Start Time: (a.m./p.m.) Time should not include set-up time.						
Event End Time:(a.m./p.m.) Time should not include clean-up time.						
PLEASE REVIEW EXHIBIT A FOR ADDIT	TIONAL INFORMAT	TION ON RENTAL	TIMES/RATES AND POLICIES.			
Anticipated Number of Attendees:						
Room Name/# Requested:	_ First Choice	Second C	Choice Third Choice			
A/V Equipment Needed: Interr	net connection phone (Handheld/		LCD Projector Screen			

	Business Meeting Recruiting	Training	Reception	Education
Purpose and Deta	iled Description of Event:			
	ne right to deny rental of t Seneral Policies and Opera		• •	ted rental uses as
Will there be spor	nsors/vendors for this eve	nt? Yes	No	
	on providing food or beve			
How will this ever	nt be advertised?			
*****	********	******	******	*****
Name of Request	er:			
Signature:				
Phone:	Ema	ail:		
	For Office Use Onl	у		
ate Received:	Deposit Paid: _		_	
ate Approved:				
taff Initials: RE Institu	 te Foundation W	 ILS Market	ting	
otes/Comments:	. Januarion IV	WINTER	0	