



For questions or more information about our rental space, please contact David Fraley, 704-940-3122 or david.fraley@carolinahome.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 below ***SHOULD*** include set-up and clean-up time)

From: _____ (a.m./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.*

RENTALS UP TO FOUR (4) HOURS ARE CONSIDERED HALF DAY RENTALS. FOUR (4) OR MORE HOURS ARE CONSIDERED FULL DAY RENTALS.
--

Anticipated Number of Attendees: _____

Room Name/# Requested: _____ First Choice _____ Second Choice _____ Third Choice

A/V Equipment Needed: _____ Internet connection _____ LCD Projector
_____ Microphone (Handheld/Lavalier) _____ Screen

Type of Event: Business Meeting Training Reception Education
 Recruiting

Purpose and Detailed Description of Event: _____

"Host" reserves the right to deny rental of the space to any "Lessee" for prohibited rental uses as described in the General Policies and Operational Guidelines attached hereto.

Will there be sponsors/vendors for this event? Yes No

If yes, please list: _____

Will food/beverage be provided? Yes No

How will this event be advertised? _____

Name of Requester: _____

Signature: _____

Phone: _____ Email: _____

For Office Use Only

Date Received: _____ Deposit Paid: _____

Date Approved: _____

Staff Initials: _____
RE Institute Foundation MLS Marketing

Notes/Comments:

Form box containing the 'For Office Use Only' section with fields for Date Received, Deposit Paid, Date Approved, Staff Initials, and Notes/Comments.