



Application for Facilities Rental

Event Title _____

Event Date(s) _____ Event Start Time _____ Event End Time _____

Set-up Start Time _____ Anticipated Clean-up End Time _____

Rehearsal Date(s) _____ Rehearsal Time(s) _____

Non-Profit Renting Organization _____ Federal Tax ID # _____

Address _____ City _____ State _____ Zip _____

Renter Contact Name _____ Phone _____

Contact Email Address _____ Fax _____

Event Purpose _____

Brief Description of Event _____

Proposed Admission Charge _____ Anticipated Attendance _____

Rooms Requested

- Juniper Hall
- Kress Meeting
- Rosenberg Hall
- Falb Patio
- Catering Kitchen
- Faculty Sleeping Rooms
- Faculty Lounge
- Kitchen/Dining Room
- East Dorm
- West Dorm

Furnishings & Equipment Requested

- Baby Grand Piano
- Tables (8ft or 6ft)
- Chairs
- Music Stands
- Other Items (please list)

Event Details

Do you expect that minors will attend? Yes No

Does your group maintain a general liability insurance policy? Yes No

If yes, name of your Insurance Company _____

Do you plan to serve alcohol? Yes No

If yes, name of licensed bartender (We will need a copy of their license.) _____

Do you plan to use a caterer? Yes No

If yes: Caterer's Business Name _____
 Contact Person _____ Phone _____
 Address _____
 City, State, Zip _____

Please return to:

**Michelle Naese, Office Manager
Birch Creek Music Performance Center
PO Box 230
Egg Harbor, WI 54209
Phone: (920) 868-3763 Fax: (920) 868-1643
mainoffice@birchcreek.org**