



CITY OF
Siloam Springs
It's a natural.

FACILITY RENTAL APPLICATION

Applicant's Information:

Name of Person Responsible: _____

Address: _____
Mailing Address City State Zip

Driver's License Number: _____ State _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Type of Function: _____ Number of people Expected: _____

Will there be any fees charged? _____ Is this a fund raiser? _____

If so, please explain? _____

Will food/drinks be served? (Circle One) YES NO

Facility Requested:

Facility to be used: _____

Requested Date: _____ Requested Time: From _____ To _____
Month/Day/Year

Applicant's Responsibilities: (check boxes below)

- I have read, understand, and signed the Rental Policy.
- I have paid the deposit and rental fee.
- I know I am completely responsible for the facility during my event.

Signature of Person Responsible (Must be 18 or older to sign)

Today's Date

FOR OFFICE USE ONLY

Deposit: _____

Rental Fee: _____

Date Paid: _____

Date Paid: _____

Receipt #: _____

Receipt #: _____

Received by: _____

Received by: _____

Date Deposit Returned: _____ By: _____