



CITY OF ROANOKE

COMMUNITY CENTER RENTAL INFORMATION

Date: _____

Last Name: _____ First Name _____

Residing Address: _____

(No P. O. Boxes Please)

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth _____

Organization: _____ Number of People Attending: _____

Date of Event: _____ Approximate Time: _____

Occasion: _____ (birthday, wedding, reunion, etc.)

Emergency Contact _____ Phone Number _____

Employee Use Only

Key Pickup _____ Bal Due _____ Key Color _____

COMMUNITY CENTER DEPOSIT:

Payment Type _____ Amount _____

COMMUNITY CENTER RENTAL:

Payment Type _____ Amount _____