

# Event and Facility Application

Completion of this form is a request only, not a confirmed reservation. Renaissance Academy will make every effort to accommodate your request. Our office will contact you after receiving this event application to discuss the status of your request, and proceed to the next step if necessary.

## Contact Information

Sponsoring Community Organization: \_\_\_\_\_

Primary Event Contact: \_\_\_\_\_

Name and Title for Person responsible for signing the contract: \_\_\_\_\_

Street Address: \_\_\_\_\_ (NO PO BOXES PERMITTED)

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Dates/Times Requested \*\*Renaissance Academy events will have scheduling priority

1<sup>st</sup> Choice Date(s): \_\_\_\_\_ 2<sup>nd</sup> Choice Date(s): \_\_\_\_\_

Start time(s): \_\_\_\_\_ End time(s): \_\_\_\_\_

Set up time: \_\_\_\_\_ Break down time: \_\_\_\_\_

\*\*Dates are confirmed based on availability of the facility(s) requested

## Event Information

Facilities Requested: \_\_\_\_\_

Event Title: \_\_\_\_\_

Event Type: \_\_\_\_\_ (ex. Tournament, camp, game, practice, etc.)

Number of Participants: \_\_\_\_\_ Anticipated number of Spectators: \_\_\_\_\_

Logistical Needs:

Tables: \_\_\_\_\_ Chairs: \_\_\_\_\_ Other: \_\_\_\_\_

Comments:

Please fax this form to (610) 983-4096 or email to [kevin.zvorsky@rak12.org](mailto:kevin.zvorsky@rak12.org)

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant