

MEDINA COMMUNITY RECREATION CENTER 855 Weymouth Rd Medina OH 44256 Main: 330.721.6900 Fax: 330.721.6905

RENTAL REQUEST FORM

Name:	1. RENTER INFORMATION							
Address: Street City State Zip Phone: Home Work Call Membership Status: Member Non-Member Email: Organization Name (if applicable) 2. RENTAL INFORMATION Event Name: Date(s) and Time(s): Day (Mon. Tous, etc)	Name:			Submitted O	n:/	/	_ at:	am/pm
Phone:	Last	First	M.I.		Date	9	Time	
Phone: Home Work Cell Membership Status: Member Non-Member Email: Organization Name (if applicable) 2. RENTAL INFORMATION Event Name: Date(s) and Time(s): Day: Mon. Trues, etc) Date: Start Time: amr/pm Expected Attendance: End Time: amr/pm Repeat: Yes No If yes, how often: (Ex. Once a week or every Monday and Thursday) Area(s) Requested: (Please check all that apply) Community Rooms A (seats 60-65) B (seats 30-35) C (seats 30-35) B&C (seats 80-70) Kitchen Field House Count 1 Court 2 Court 3 Court 4 Entire Field House Aerobics Rooms Room A Room B Natatorium Leisure Competitive Lap Lanes (specify # of lanes) MCRC Entire MCRC Entire MCRC Entire MCRC Exclusive use of these areas may only be accommodated with before hours or after hours rentals. Alternate Request Choice: (In case your initial request is not available, please indicate another request option) Day: Date: J amr/pm (include addtl clean-up) Choose one or more upgrades: Deluxe Upgrade Indidate lap Acage 1 Inflatable Package Deluxe Upgrade Indidate lap Acage Indidate lap Acage 1 Inflatable Package Deluxe Upgrade Indidate lap Acage Indidate lap Acage 1 Inflatable Package Deluxe Upgrade Indidate lap Acage Indidate lap Acage 2 Description: Deluxe Upgrade Indidate lap Acage Indidate lap Ac				City		State	Zip.	
Membership Status: Member Non-Member Email:				<u>,</u>	,	o.u.o	<i></i> ,p	
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Date:	Details and Time(s)							
Expected Attendance:			Date:	1 1	Start Ti	ma:	: am/nm	
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Community Rooms	Repeat: U Yes U No If yes, how of	ten: (Ex. Once a week o	or every Mor	nday and Thursday	y)			
Community Rooms		(
Field House			ПС	seats 30-35)	□ B&C (seats	: 60-70)	□ Kitchen	
Aerobics Rooms	, ,	•				, 00 10)		louse*
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Day:								
Choose one or more upgrades: Inflatable Package		•		•		•	• •	
Choose one or more upgrades: Inflatable Package 2 hours in Community Room B or C Includes up to 30 people (count adults and children 3 yrs & older) 1 hour in Bounce House on 1 Court Additional space on Court for other activities Bounce House parties booked April-Sept only \$220 Memb / \$260 Non-Memb Deluxe Upgrade Includes: decorations, table coverings, colorful plates, happy Birthday napkins, cups, forks, cake plates & napkins Soda, Capri Sun, or combination (1 per person) Check preferences below: Coke Diet Coke Sprite Capri Sun \$50 for up to 30 people	Day:	_ Date:/	/			-		
□ Inflatable Package • 2 hours in Community Room B or C • Includes up to 30 people (count adults and children 3 yrs & older) • 1 hour in Bounce House on 1 Court • Additional space on Court for other activities • Bounce House parties booked April-Sept only \$220 Memb / \$260 Non-Memb □ Deluxe Upgrade • Includes: decorations, table coverings, colorful plates, Happy Birthday napkins, cups, forks, cake plates & napkins • Soda, Capri Sun, or combination (1 per person) Check preferences below: □ Coke □ Diet Coke □ Sprite □ Capri Sun □ Coffee Add-On • Includes cups, napkins, stirrers, sugar, creamer • Soda, Capri Sun, or combination (1 per person) □ 18 cups for \$9 □ 36 cups for \$18				End Time:	::	_am/pm ((include addtl clea	an-up)
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		•	•	Birthda	y Age	Expe	cted Attendance	

3. COMMUNITY ROOM SETUP Please select one of the facility set up styles below or provide a diagram on a separate sheet of paper.								
☐ Lecture Style:								
☐ Classroom Style: One table in front and tables with chairs facing the front across the room								
☐ Banquet Style 1: Rectangle tables with chairs placed accordingly and tables along the side for food or other materials								
☐ Banquet Style 2: Round tables with chairs placed accordingly and tables along the side for food or other materials								
	on Style: Chairs in a circle fa	· ·						
•	ngle tables placed on three s		· ·					
	ectangle tables placed in a s		_					
0	ed: Renter supplies diagram	•	cnairs					
· ·	om) : No tables or chairs are PLES: These designs are fo		Actual table and chair dim	noncione are not portraved				
	oom Style Banquet Style1			Square Style				
		. ,	·	, ,				
4. SPECIAL ARRANGEMENTS Will a caterer be used? No Yes Catering Company Name								
Please list any other speci	Please list any other special arrangements necessary for your rental request:							
				<u> </u>				
5. RENTAL PROCEDURE (1) Complete, sign & date a Rental Request Form. (2) Submit by email, fax, mail or drop off at the front desk during facility hours. A security deposit is not required at this time. (3) Requests are typically reviewed within 1-2 business days and are subject to approval based on facility & staff availability. (4) You will be notified by phone or email (a) if the request has been approved; (b) if it is advisable to proceed with event arrangements (send out party invitations, etc); and (c) with a date to come in the facility to sign the Rental Contract & pay the rental fees in full. (5) Refer to the website for payment options, and to view the Rental Handbook which contains information about the facility, the rental process, rental policies and 2 week cancellation policy. (6) Changes to the Rental Contract are subject to a \$5 contract change fee.								
6. STATEMENT OF UNDERSTANDING I understand that this form is a request for rental, the completion of this form does not guarantee my rental of the requested facility. I have read and fully comprehend the facility and rental policies contained in the MCRC Rental Handbook.								
Print	Si	gnature		Date				
OFFICE USE ONLY	- DEPOSIT & APPRO	VAL INFORMATION						
Rental Coordinator	☐ Reviewed & Approved	□ Not Approved	Initials:	Date:				
RC Supervisor	☐ Reviewed & Approved	☐ Not Approved	Initials:	Date:				
Other Staff	☐ Reviewed & Approved	□ Not Approved	Initials:	Date:				
Center Manager	☐ Reviewed & Approved	□ Not Approved	Initials:	Date:				
Rental Status:	ntive (Date://)	Oate:/)					
☐ Cano	elled (Date://)	ete (Date://)				
Notes:								
Amount of Deposit / Paym	ent \$ Receiv	red On	Received By	Balance Due				