



Health Education Center Club Rental Application



Completion of application does not guarantee a permit will be granted.

Club Name (Print): _____

Applicants Name: _____

Email Address: _____

Mailing Address: _____ State: _____ Zip: _____

Phone Number: Work: _____ Home: _____ Cell: _____

Title / Relationship: _____

Area Requested: 1 Court: _____ 2 Courts: _____ 3 Courts: _____

 4 Courts: _____ Dance Room: _____ Pool: _____

Storage Request: _____

Setup / Equipment Needed for Practice: _____

Start Date: _____ End Date: _____

Dates you will not be practicing due to games, competitions, holidays: _____

Cross off ALL the spaces that you are UNABLE to practice. If you have a preferred day and time, place a "P" in that space. All open spaced will be times where your team is willing to practice. Space will be divided amongst all Clubs based on availability, flexibility, need, and past behavior.

TIME/DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3:00PM					
3:30PM					
4:00PM					
4:30PM					
5:00PM					
5:30PM					
6:00PM					
6:30PM					
7:00PM					
7:30PM					
8:00PM					
8:30PM					
9:00PM					
9:30PM					
10:00PM					
10:30PM					
11:00PM					
11:30PM					
12:00AM					

* The HEC Staff reserves the right to adjust times and assignments to meet the operational needs of the facility.

* Payment of all rentals is due previous to entry unless approved in writing, in advance by the Director.

* Personal checks must bear the name, address and phone number of the remitter, and a check sequence number.

OFFICE USE:

CONFIRMATION #: _____ **ROOM:** _____