



## ROOM RENTAL REQUEST FORM

Thank you for your interest in renting a space at WCREALTORS®. To confirm rental space availability and determine the rental fees for your event, please complete the information below and return to [Tori@wcrealtors.org](mailto:Tori@wcrealtors.org).

*NOTE:* A signed rental agreement & security deposit is required to secure the date & time for all events and we are unable to guarantee reservations prior to receiving both of these required items.

**Date(s) of Rental:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Purpose of Rental:** \_\_\_\_\_ **Number of Attendees:** \_\_\_\_\_

**Member Status:** \_\_\_\_\_ **Member Number/Name:** \_\_\_\_\_

<b>Room Requested:</b>	<b>Auditorium (25 - 150)</b> <input type="checkbox"/>	<b>Boardroom (1- 24)</b> <input type="checkbox"/>	<b>Classroom (1 – 12)</b> <input type="checkbox"/>
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Will food be served?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Will alcohol be served?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<b>Additional Services Requested:</b> (check all that apply)	<b>A/V Equipment</b> <input type="checkbox"/>	<b>Kitchen</b> <input type="checkbox"/>	<b>Coffee Service</b> <input type="checkbox"/>
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**Special Requests:** \_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>Date Received:</b> _____	<b>Received By:</b> _____
<b>Requested Date &amp; Time:</b>	<input type="checkbox"/> <b>Space Available</b> <input type="checkbox"/> <b>Space Not Available</b>
<b>Contract /Quote Created:</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>Decision to Rent:</b>	<input type="checkbox"/> <b>ACCEPTED</b> <input type="checkbox"/> <b>DECLINED</b>
<b>Signed Contract &amp; Deposit Received:</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>Added to Calendar:</b>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>WCAOR Staff Initials:</b> _____	