



Veterans Memorial Community Center

8055 Barbara Avenue
Inver Grove Heights, MN 55077
651.450.2585



LARGE SPACE RENTAL APPLICATION

Request Received _____ Rental Date _____

RENTER INFORMATION:

Contact Person _____ Phone Numbers (h) _____ (w) _____ (c) _____

Address _____ City _____

State _____ Zip Code _____ Email _____

Organization _____ Non-Profit : **Yes** **No** Tax-Exempt: **Yes** **No**

Type of Event _____ # Attending _____

RENTAL INFORMATION:

- Gymnasium-Athletic Gymnasium-Non-Athletic Gymnasium Wedding Package
 Turf Lap pool/dive well

**See price sheet for options defined

RENTAL OPTIONS:

- Armory Gymnasium Kitchen Turf
 Leisure Pool Armory Room B Armory Room C
 East Rink Dive Well Lap Pool (Lanes _____)
 West Rink **up to 8 lanes available

Additional Rental Accessories:

- TV/DVD Projection Screen Podium PA System Internet Access
Gym only Community Rooms 1 only

**See price sheet for accessory fees

RENTAL TIMES:

Arrival/Set Up Time: _____ Event Start Time: _____ Event End Time: _____

**All set-up and clean-up must be within rental time

**All rentals must be held within building operating hours; rentals outside of building hours will incur attendant charges

Special room layout requested: **Yes** **No** (must notify rental coordinator 2 weeks prior to rental)

RENTAL FEES/CANCELLATION POLICY: See 'Rental Agreement' for rental fee information.

FOOD/BEVERAGE SERVICE:

Renter providing food at event? **Yes** **No** Rental Caterer: _____

- All food/beverages must be served by a licensed and insured provider if rental is 100 people or more.
- A copy of the license/insurance must be provided to the Rental Coordinator two weeks prior to event.

Caterer license/insurance received: **Yes** **No**

Renter serving alcohol (gym only) at event? **Yes** **No** Alcohol Provider: _____

- If alcohol will be served at Event, a City of Inver Grove Heights Officer must be present. Renter must notify facility rental coordinator 4 weeks prior to the event. A fee of \$75/hour is due two weeks prior.
- Consumption of alcohol must be finished one hour prior to end of rental.

Office Use Only

Payment Amount Received \$ _____ Date Entered in MAX: _____ Staff Initials: _____

___ Visa ___ Mastercard ___ Discover ___ Cash ___ Check (# _____)

Notes: