



1300 Paper Mill Road, Newark, DE 19711

Phone: (302) 239-0330

## REQUIRED INFORMATION FOR FACILITY RENTALS

Date Submitted: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address of Organization (*for contract*):

\_\_\_\_\_

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

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

Contact Phone: \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other)

Date(s) of Use Requested: *(i.e. Mondays; 6/1/15 thru 6/30/15)*

\_\_\_\_\_  
\_\_\_\_\_

Hours of Use Requested: \_\_\_\_\_

Room(s)/Area Requested: *(Include room layout, if applicable)* \_\_\_\_\_

**SPECIAL NEEDS/TECH/EQUIPMENT:** *(Please note # requested & circle; Subject to availability)*

_____ Tables	_____ VCR	_____ Podium	_____ Other
_____ Chairs	_____ Screen	_____ Podium Microphone	_____
_____ Risers	_____ A/C (or) Heat	_____ Wireless Microphone	_____

### NOTES:

- Once this information has been submitted, approved and contract signed, ANY CHANGES will result in an administrative change fee.
- Please be advised that billing invoices will not be sent. Payments are required by the due date agreed up in each contract.
- To ensure proper credit, each check MUST be marked in the memo field with: Name of organization (or Team & Day of Use); Dates of use

### Office Use Only:

Date Request Received: \_\_\_\_\_

Date Contract Sent to Renter: \_\_\_\_\_

Date Confirmation Reply Sent: \_\_\_\_\_

Date Signed Contract Rec'd @ TIS: \_\_\_\_\_

(Revised: 6/18/2015)