Town of Leland Cultural Arts Center

Facility Rental Interest Form

CONTACT INFORMATION

Name _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

EVENT INFORMATION

Type of Event: ☐ Personal ☐ Business ☐ Non-profit

Purpose of Event_____
_____
_____
_____

Requested Date of Event_____ Approximate Guest Count_____

Are you interested in serving/selling Beer/Wine _____

Do you plan on charging people for this event? Explain: _____

_____

Facility Space(s): ☐ Multipurpose Room ☐ Kitchen ☐ Hall ☐ Dressing Room (s) ☐ Classroom

Event Start Time _____ Event End Time_____

Setup Start Time _____ Clean-up End Time _____

Additional event information or questions:
_____
_____
_____
_____
_____

Submit electronically to lcac@townofleland.com
Submit my mail or in person to:
1212 Magnolia Village Way
Leland, NC 28451

*Please note that this is a request only all rentals are pending space availability. LCAC staff will contact ASAP.
*Residency information can be found at http://tax.brunsco.net/itsnet/
*If you are a Non-Profit please send a copy of your 501(c)(3)