



**Facility Reservation  
Request Form**

Date Received: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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  Dressing Rooms  Classroom

Event Start Time \_\_\_\_\_ Event End Time \_\_\_\_\_

Setup Start Time \_\_\_\_\_ Clean-up End Time \_\_\_\_\_

Additional event information or questions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- \* Please note that this is a request only and all rentals are pending space and staffing availability.
- \* If you are a non-profit organization, please include a copy of your 501(c) designation.
- \* Caterers are required if you intend to serve food at your event. See approved caterer information online.
- \* Event insurance may be required.

Submit form electronically to [lcac@townofleland.com](mailto:lcac@townofleland.com) Mail: 1212 Magnolia Village Way Leland, NC 28451