

ENDURIS TRAINING FACILITY

APPLICATION FOR USE

Facility User and Event:

Name of organization: _____

Billing Address: _____

City, State, Zip: _____

Title of event: _____

Nature and purpose of use: _____

Anticipated attendance (*Max occupancy is 150. Chairs and tables seat 60*): _____

Scheduling contact name: _____

Phone: _____ Email: _____

Onsite contact (*if different*): _____

Phone: _____ Email: _____

Dates and Schedule:

Date Requested: _____ ☐ Full Day ☐ Half Day

Time of Arrival (*including setup*): _____ Time of Departure (*including cleanup*): _____

Times requested must be during the Training Facility hours of operation: M – F, 8:00am – 5:00pm.

For recurring dates, please describe the recurring schedule and list all requested dates in the upcoming year:

Recurring Schedule Description (i.e. first Monday of each month): _____

Confirm all dates of request: _____

Total full days requested: _____ Total number of half days requested: _____

Signature of Applicant

Date

Return this form to smasterton@enduris.us for confirmation and follow-up.