



## FACILITY USE REQUEST

### 1. FACILITY INFORMATION

Facility Requested (*circle all that apply*) Pavilion Conference Room Teen & Family Center Small Meeting Room Front Lawn West Parking Lot Main House

Address/Area/Location of Facility 360 E Palm Lane Phoenix, AZ 85004

### 2. RENTER INFORMATION

Contact name \_\_\_\_\_

Tel.: Home \_\_\_\_\_ Work \_\_\_\_\_

Organization \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

### 3. EVENT INFORMATION

Description of event \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of event \_\_\_\_\_ Estimated attendance \_\_\_\_\_

Time event begins (incl. set up) \_\_\_\_\_ Time event ends (incl. clean up) \_\_\_\_\_

Number of Tables Need \_\_\_\_\_ Number of Chairs Needed \_\_\_\_\_

A/V Required?      Yes    No      Will minors be present?      Yes    No

Will food be served?      Yes    No

**I am an authorized agent of the organization submitting this request. The information provided in this request is true and correct. If additional requests or changes are needed, please contact CSCAZ at 602-712-1006 or [info@cscaz.org](mailto:info@cscaz.org).**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name \_\_\_\_\_

Organization \_\_\_\_\_



CANCER SUPPORT  
COMMUNITY

ARIZONA

CSCAZ USE ONLY

Rental fee \_\_\_\_\_ Deposit \_\_\_\_\_ Total paid \_\_\_\_\_

*Approved* \_\_\_\_\_

*Disapproved* \_\_\_\_\_

*Date* \_\_\_\_\_

*By* \_\_\_\_\_

Deposit returned \_\_\_\_\_

