

# BANCROFT

S C H O O L

## RENTAL INFORMATION FORM

PLEASE FILL OUT COMPLETELY, RETURN TO BUSINESS OFFICE

**CUSTOMER INFORMATION:** \_\_\_\_\_

**GROUP NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**AREA BEING RENTED** \_\_\_\_\_

**RENTAL DATE:** \_\_\_\_\_

**TIME:** FROM \_\_\_\_\_ TO \_\_\_\_\_

**INSURANCE CERTIFICATE RECEIVED** \_\_\_\_\_

**RENTAL FEE** \_\_\_\_\_

**SPECIAL ARRANGEMENTS** \_\_\_\_\_

**KITCHEN REQUESTS:** \_\_\_\_\_  
\_\_\_\_\_

**EXTRA EQUIPMELNT/  
CUSTODIAL NEEDS:** \_\_\_\_\_  
\_\_\_\_\_

**SCHEDULED ON CALENDAR**

**SIGNATURE**

**DATE**