



City of Casa Grande Community Services Department Facility Pre-Reservation Questionnaire

Facilities are not available on calendar holidays.

New Years Eve, New Years Day, Martin Luther King Day, Presidents Day, Easter, Memorial Day,
Fourth of July, Labor Day, Halloween, Thanksgiving Day and the Day After, and Christmas.

FACILITY REQUESTED (Please Circle): Dorothy Powell Senior Adult Center	Len Colla Center	Woman's Club
Parks & Recreation Classroom	Peart Center	Teen Center

PINAL COUNTY RESIDENT IN CHARGE:

ALTERNATE CONTACT:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

DAY PHONE: _____

DAY PHONE: _____

FAX PHONE: _____

FAX PHONE: _____

EMAIL ADDRESS: _____

ORGANIZATION NAME: _____

Organization's President's Name: _____ Phone: _____

Address: _____

Brief Description of the Organization: _____

Purpose of Request of Meeting Space: _____

Participant Information:

How many participants will be attending your function? _____

Children _____ Teens _____ Adults _____

Will an admission be charged or donations requested for any activities held at the recreational facility? YES NO
(If no, please go directly to the Additional Information section)

What is the money used for? _____

When and how is the money collected? _____

WOMANS CLUB RENTAL ONLY: Will alcohol be served? ____ Yes ____ No
Music? ____ Yes ____ No (If yes, Live DJ Other *CIRCLE ONE*)
Dancing? ____ Yes ____ No

Additional Information:

Is the organization non-profit? YES NO

Will the organization's use of the recreational facility involve a paid trainer, guest or speaker? YES NO

Will the organization's use of the recreational facility involve selling or promoting a product or service? YES NO

If yes, please explain: _____

Will the organization's use of the recreational facility present any opportunity for monetary gain by an individual, members, participants, guests or organization? YES NO

Will the organization have paid staff at the function? YES NO

Will the organization / individual decorate the recreational facility in any way? YES NO

If yes, please explain: _____

Will the organization serve food or other refreshments? YES NO

If yes, please explain: _____

RESERVATION REQUEST INFORMATION:

Date(s) Requested: _____

Hours Needed: _____ (Include set up and clean up time)

Special Requests: _____

I have read and understand the Casa Grande Recreation Facility Use Policy and/or the Woman's Club Use Policy. The information provided on this Pre-Reservation Questionnaire is accurate and correct.

Print Name of Pinal County Resident

Signature of Pinal County Resident

Date

For Office Use Only:

_____ Approved

_____ Denied

\$210 Security Deposit

Due Date _____

Date Paid _____

\$60 Key Deposit (if applicable)

Due Date _____

Date Paid _____

Class: _____

Fee: _____

Staff Fee: _____

Room(s): _____

Fee: _____

Equipment Rental: _____

Fee: _____

Final Payment Amount _____

Due Date _____

Date Paid _____

Special Instructions: _____

Contact Coordinator:

Name

Phone

Authorized By: _____

Security Deposit

_____ Returned

_____ Withheld

Amount _____

Reason _____