



Facility Use

Reservation Information

City Contact: Elizabeth Cox at 704-920-4314 [office phone]. Completed forms can be returned by emailing them to ecox@kannapolisnc.gov or by faxing them to (704) 920-4335

Contact Name: _____

Company/Organization: _____

Address: _____

Address: _____

Phone #: _____

Alternate Phone #: _____

Email: _____

Reservation START Date: _____

Set-Up Start Time: _____

Event Start Time: _____

All needed doors will be unlocked 15 minutes prior to the set-up time listed above.

Reservation END Date: _____

Event End Time: _____

Clean-Up End Time: _____

All doors will be locked 15 minutes after the set-up end time listed above.

Facility & Space(s) Requested for Rental: _____

Event Type: _____

Conference, Reception, Birthday, etc.

Expected # of Attendees: _____

of Chairs: _____

of Tables for Guest: _____

Round

of Tables for Food: _____

Rectangle
Round
Rectangle

Set-Up Needs:

A/V Needs:

(at locations specified)

<input type="checkbox"/> PowerPoint	<input type="checkbox"/> need a laptop	<input type="checkbox"/> bringing your own laptop
<input type="checkbox"/> Microphone(s)	<input type="checkbox"/> hand-held (# _____ needed)	<input type="checkbox"/> lapel (# _____ needed)
<input type="checkbox"/> Digital Signage/Images	<input type="checkbox"/> outside the room	<input type="checkbox"/> inside the room
<input type="checkbox"/> Other: (please list) _____		

Will Your Event Have Food: _____

Will It Be Catered: _____

Who Will Cater: _____

Will Your Event Have a DJ/Band: _____

Who Will It Be: _____

Will Alcohol Be Served at Your Event: _____

Beer/Wine/Champagne: _____

Spirituos Liquor: _____

Permit #: _____

Limited Special Occasion Permit is Required to serve spirituous liquors (ABC Commission, Raleigh, NC)

You will need to obtain this permit application from the City of Kannapolis, as staff has to sign the application before it is submitted to Raleigh.

Name(s) and Telephone Number(s) of Chaperone(s) if applicable: _____

Any Other Special Needs or Request: _____

I hereby certify that I am the authorized and responsible representative of the petitioning group. The above statements are true to the best of my knowledge. I have read a copy of the policies governing the use of the facility, and agree that our group will comply with the rules and regulations, policies and fee schedule governing the use of the facility. I also agree that all rent and fees shall be paid by the above due date (14 days before the scheduled event) or confirmed reservation shall become void. I understand that all charges and fees will be reviewed with me once your reservation is entered; these will also be detailed in my Reservation Permit/Confirmation. I should not consider my reservation confirmed until I receive my confirmation number.

THE USE OF ANY TOBACCO PRODUCT IS STRICTLY PROHIBITED.

Print Name: _____

Sign and Date: _____

Please complete the information requested above and return to Elizabeth Cox at the information listed at the top of the form.