FACILITY RENTAL APPLICATION

Darren Patterson Christian Academy

CONTACT INFORMATION	
Group:	Primary Contact:
Address:	Phone:
	Email:
REQUESTED FACILITIES (circle all the apply)	
Gymnasium Cafetorium Conference Room	Classroom(s) Kitchen Full Facility
DESCRIPTION OF EVENT (Include: description, for-profit / non-profit / private, additional comments)	
SCHEDULING REQUEST(S)	
<u> </u>	
Single Day Multi-Day Recurring Event // N	Number of people expected:
Please list requested days / duration below	
•	
•	
•	
•	
Applicant's Name:	
Signature:	

Please sign & submit this application to the front office. You will be contacted promptly to schedule a contract consultation. If you have any questions, contact us at (719) 395-6046. Thank you!

