

**TOWN OF BERRY CIVIC CENTER  
REQUEST for FACILITY USE  
PHONE: (205) 689-4562    FAX: (205) 689-4371**

**DATE SUBMITTED:** \_\_\_\_\_

**DATE (S) NEEDED:** \_\_\_\_\_

**USAGE FEE:** \_\_\_\_\_                      **DEPOSIT** \_\_\_\_\_

**PROGRAM OR ACTIVITY TITLE:** \_\_\_\_\_

**PERSON (S) REQUESTING FACILITY:** \_\_\_\_\_

**TELEPHONE:** HOME \_\_\_\_\_                      OFFICE \_\_\_\_\_                      CELL \_\_\_\_\_

**ADDRESS** \_\_\_\_\_                      **CITY** \_\_\_\_\_                      **STATE** \_\_\_\_\_                      **ZIP** \_\_\_\_\_

**Additional Contact person:** \_\_\_\_\_                      **Phone #** \_\_\_\_\_

**AREA(S) REQUESTED:**

ROOM(S)	TIME(S) NEEDED	
	from	to
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ADDITIONAL COMMENTS:**

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**NOTE: ANY STRUCTURAL MODIFICATION TO ROOMS OR FACILITIES FOR THE PURPOSE OF DECORATION, ETC., MUST HAVE PRIOR APPROVAL.**

**USER IS RESPONSIBLE FOR ANY DAMAGES INCURRED.**

**I have read and/or have been given a copy of the rules and regulations for the Town of Berry Civic Center and will abide by them.**

**USER SIGNATURE:** \_\_\_\_\_

**Request taken by** \_\_\_\_\_                      **Date** \_\_\_\_\_

**DEPOSIT PAID \$** \_\_\_\_\_ **DATE** \_\_\_\_\_                      **FEE PAID \$** \_\_\_\_\_ **DATE** \_\_\_\_\_