

Date(s) of Event \_\_\_\_\_

Please Circle Day(s):    Mon.    Tues.    Wed.    Thur.    Fri.    Sat.    Sun.  
Hours: Set-up start time: \_\_ \_\_    Event Start time: \_\_ \_\_    Cleanup-end time: \_\_  
Facility:    Field

**CARDINAL CUSHING CENTER RENTAL APPLICATION**

**PLEASE REVIEW ALL RULES & REGULATIONS PRIOR TO COMPLETING APPLICATION. PLEASE RETURN ALL COPIES FOR APPROVAL**

\_\_\_\_\_  
Name of Applicant ( please print )                      Home phone                      Work / Cell phone  
\_\_\_\_\_  
Address Street    City    Zip Code

\_\_\_\_\_  
Name of Organization ( if applicable ) \_\_\_\_\_

Address \_\_\_\_\_    Telephone \_\_\_\_\_

Min. No. of Attendees: \_\_\_\_    Max. No. of Attendees: \_\_\_\_    No. Adults: \_\_\_\_    No. Minors: \_\_\_\_  
Type of Event: (describe) \_\_\_\_\_

Insurance (please check one) \_\_\_\_ provide own insurance    \_\_\_\_ would like to purchase insurance

Are you a non-profit tax exempt organization?    **YES**    **NO**                      Admission fee/donation requested?    \_\_\_\_    \_\_\_\_  
If YES, Non-profit # \_\_\_\_\_                      Will alcoholic beverages be served?    \_\_\_\_    \_\_\_\_  
Is event open to public?                                      \_\_\_\_    \_\_\_\_

Rental                      \$ \_\_\_\_\_  
Insurance Received                      Date: \_\_\_\_\_

**HOLD HARMLESS AGREEMENT**

- I understand that a Certificate of Insurance is required for any event at the CCC. **Please initial** \_\_\_\_\_
- I understand that smoking is not permitted at any time in a facility, and I will be responsible for informing my guests of that policy if necessary. **Please initial** \_\_\_\_\_

It is distinctly understood and agreed that the applicant assumes all risks for loss, damages, liability, cost of expense that may arise during or be caused in any way by such use or occupancy of the facility of Cardinal Cushing Centers Inc.. The applicant further agrees that in consideration of being permitted to use said facility, they will save and hold harmless the Cardinal Cushing Centers Inc. and/or their employees, officers, volunteers and agents from any loss, claims, liabilities or damages, and/or injuries of persons and property that in any way may be caused by applicant's use of occupancy of said facility

ITEMS TO BE PROVIDED:

\_\_\_\_\_  
Signature of applicant or representative    Date