



315 W 8<sup>th</sup> Street, Stillwater, OK 74074  
Office 405-533-8433/ Fax 405-533-8022

# Application

For Office Use Only

- Approved
- Deposit
- Calendar
- Setup

Today's Date: \_\_\_\_\_

Date Room is Needed: \_\_\_\_\_ Setup Times: \_\_\_\_\_ Event Times: \_\_\_\_\_

Room Requested: \_\_\_\_\_

Approximate Size of Group: \_\_\_\_\_

### Information on Organization

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State/Zip)

Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Purpose or Function of Organization: \_\_\_\_\_

Purpose of the Meeting: \_\_\_\_\_

Please list equipment or apparatus you wish to bring into the building: \_\_\_\_\_

Indicate if you plan to permit low point beer consumption at your event: \_\_\_\_\_

Please provide name and address of Licensed Vendor: \_\_\_\_\_

\*If you intend to provide low point beer, provide a copy of the required Liability Insurance no less than 48 hours prior to the event.

### Billing Information *(if different from above)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State/Zip)

Phone: \_\_\_\_\_

### Information of Individual Filing Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State/Zip)

Phone: \_\_\_\_\_

I affirm that I am at least twenty-one years of age. I have read and understand the room rental procedures pertaining to the use of the Stillwater Community Center, and I agree to abide by the room rental procedures.

Signature of Individual Filing Application: \_\_\_\_\_

Name of Individual *(please print)*: \_\_\_\_\_