



IMPACT POINT (IP) RENTAL APPLICATION

GENERAL INFORMATION

Date application submitted: _____

Last Name

First Name

Name of Organization

Member: yes ___ no ___

Address

E-mail Address

City/State/Zip

Cell Phone

Work Phone

EVENT/USE INFORMATION

Purpose of event: _____

Date(S) of requested use _____ Is this a ___ one time use OR ___ recurring use. (weekly or monthly)

Event date or start date if recurring _____ End date if recurring _____

Set up time _____ Event start time _____ Event End Time _____ Total hours _____

Number of people attending _____ Est # children _____ Age range of children _____ Est # adults _____

Are any additional supplies or equipment (tables, chairs, PE, audio/visual) requested?

Will food/beverages be provided? Yes ___ No ___. If yes, please explain: _____

Are you able to provide proof of insurance covering your organization/event? Yes ___ No ___

Please fax to 937.748.2091 or mail to The CinDay Academy 11 Sycamore Creek Dr Springboro, OH 45066

AGREEMENT

I agree to pay a Refundable Cleaning and Security deposit in the amount of: \$100 to secure the date payable to The CinDay Academy.

I have read and agree to the IP rental policies & procedures, including all fees and agree to the terms and conditions of space rental at IP. I am the responsibility party who will assure that the facilities guidelines will be followed during the event. The CinDay Academy is not liable for any damages or injuries related to the event

Signature _____ **DATE** _____