

# Valley of Coudersport, A.A.S.R.

## Facility Use Application

Name of Organization

Type of Organization

Contact Individual Name

Phone Number  Email

Date of Application

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Date Requested

Event Start Time  Event End Time

Rehearsal Required?  Yes  No Rehearsal Date

Rehearsal

Time

Number Expected

Area Requested  Lounge  Auditorium

Dining Hall

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I certify that I have reviewed and agree to conform to the policy of Use of The Valley of Coudersport, A.A.S.R.:

Name:

FOR ADMINISTRATION USE ONLY:

Booking  Deposit  Insurance  Security Deposit

Date Scheduled

Received  Re-

viewed  Re-

ceived