Peggy R.
McConnell
Arts Center
of Worthington

Facility Reservation Request

Please provide the following information for the desired facility usage.

Organization Information

Name of Organization: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ ☐ home ☐ cell ☐ work

Email: _____

Rental Request Information

Which rooms or areas of the MAC would you like to use? _____

Please describe your event: _____

Would you like to bring food into the facility for your event? ◯ **Yes** ◯ **No**

Would you like to have alcohol available at your event? ◯ **Yes** ◯ **No**

Please provide requested Date(s) and time(s): _____ _____

_____ _____

_____ _____

_____ _____

Additional information: _____

Signature _____ Date _____