

CITY OF

stillwater

Community Center

315 W 8th 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)*: _____