

Name of Rental Group	
Mailing Address	
City	Postal Code
Contact Name	Email
Phone # Cell #	Fax #
Purpose of Rental	
(Optional dates: In order of Preference) 2.	
Arrival Time	Departure Time
Approx # of People Attending	Age Range of Attendees
Is this a catered event? Yes	No
If yes, name of Caterer(Caterer must be pre-approved by Bethan	ny College)
** Does your organization have gen (** see 'Rental Policies and Procedures/Li	neral liability insurance? Yes No iability' for more information)
Box 10	Venues and Rates form. Iny College

Email: admin@thrivesk.com Website: https://thrivesk.com/rentals