

ELHI Community Center

115 Ute Street | PO Box 2084 Ignacio, CO, 81137 (970) 563-4100 www.theelhiignacio.org

Application for Space Use

Event:					
Organization:					
Date Requested:				Date(s) of Event:	
Start Time: (Please include time needed to setup and cleanup.)				Time:	
REOCCURRING: ☐ YES ☐ NO FREQUENCY:					
Contact Information					
Contact Names:					
Mailing Address:					
Home Phone:				Cell Phone:	
Email Address:					
Space Requested					
	Inspiration Squar	e			Office conference room
	Secret garden (North Wing)				Commons
	Playground & Field				Kitchen
	West parking lot (front)				Walk-in refrigerator
\cap	Drive-thru distribution			$ \cap $	Walk-in freezer

Description of Event ***FOR ELHI OFFICE USE ONLY*** Received by:_____ Date:_____ Application: (Please circle one) Approved / Denied Reason: Terms and Conditions Received: (Please circle one) Yes / No Terms and Conditions Signed and Returned: (Please circle one) Yes / No Rental Payment Received: (Please circle one) Yes / No Type: Credit Card /Cash /Check Damage Deposit Received: (Please circle one) Yes / No Type: Credit Card /Cash /Check **Credit Card on File:** Name: Expiration: _____ CVV: _____