

# Coconut Cove Recreation Center Facility Request Information Sheet



Name of Organization: \_\_\_\_\_

Tax Exempt Number: \_\_\_\_\_ Yes \_\_\_ No \_\_\_ 501c Number: \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Contact Person: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # Home: \_\_\_\_\_ Business: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Organization Type:    Civic        Private        On Going        One Time Use

Requested Date(s): \_\_\_\_\_

Week: \_\_\_\_\_ Day: \_\_\_\_\_ Month: Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Function Type: \_\_\_\_\_ Estimated # of People: \_\_\_\_\_

Please check all that apply:

\_\_\_\_ Setup Requested    \_\_\_\_ Kitchen Requested    \_\_\_\_ Liquor Liability Requested

Room Request:    \_\_\_\_ Room A        \_\_\_\_ Room B        \_\_\_\_ Rooms A & B

Equipment Needed/Comments: \_\_\_\_\_

For Office Use Only:

- Initial Contact Date \_\_\_\_\_

- Approved \_\_\_\_\_

Phone: (561) 274-1140

Fax: (561) 274-1150