



# Center for Manifestation

## Building Usage Form

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email \_\_\_\_\_

Address: \_\_\_\_\_

### Event Type:

- Concert       Seminar       Funeral  
 Conference       Play       Other (Explain) \_\_\_\_\_

Event Date(s): From: \_\_\_\_\_ To: \_\_\_\_\_

### Approximate Number of Attendees:

- 0 - 20       100 - 300  
 20 - 100       400+

### Rental Details / Additional Requests:

Building Only (includes security & sound tech.)

- Yes       No

On Screen Video Aid

- Yes       No

Videography

- Yes       No

Will food be served

- Yes       No

## Management Approval

Approved

Rejected

Comments:

\_\_\_\_\_  
Management Signature

\_\_\_\_\_  
Date

**\*\*\*Please allow 48 hours for your request to be reviewed\*\*\***

