

**PRINCETON COMMUNITY CENTER
APPLICATION FOR USE OF FACILITY**

Date of event: _____

Beginning time: _____ Ending time: _____

Name of organization: _____

Contact person: _____

Address: _____

Telephone number(s): _____

Purpose of event: _____

Number of persons expected to attend: _____

Will alcoholic beverages be served? YES NO

Amount enclosed: Damage deposit \$100 PLUS --Rental fee: _____

(Reservation will not be made without the deposit.)

Deposit check will be returned after event, if applicable.

Applicant's Signature

Please return application to: **Princeton Community Center Reservations
% Princeton City Hall
Box 307
Princeton, Iowa 52768**

For more information, please call: **(563) 289-5315**

FOR CITY USE ONLY

	Damage Deposit	Rental Fee	Key
Check #	_____	_____	# _____
Amount	_____ \$100 _____	_____	
Date Received	_____	_____	_____
Date Returned	_____	_____	_____