Edisto Beach Civic Center

Facility Use Application

Name of Organization:				
Type of Rental: (Refer to Fee Schedule for Types)				
Date(s) Requested:				
Purpose of Meeting:				
Time of Event:				
Approximate # of Attend	lees:			
Contact Name:				
Address:				
City:	State:		Zip:	
Home Phone:	Work:		Cell:	
Fax:	E-	mail:		
Number of Chairs needed:			Number of Tables needed:	
Set up previous day:	No	Yes	Hours:	
I hereby certify that I have read and agree to abide by the rules and procedures set forth in the Facility Use Guidelines of the Edisto Beach Civic Center:				
Applicant's Signature:			Date:	
Mail completed application with deposit to:			FOR OFFICE USE ONLY Amt. Paid: Check	#
Edisto Beach Civic Center			Staff Signature:	
2414 Murray Street Edisto Beach, S.C. 29438	}		Date:	