



BCRD

BLAINE COUNTY
RECREATION DISTRICT

BCRD RENTAL REQUEST FORM

Applicant Information:

Applicant Name: _____ Date of Application: _____

Phone Number: _____ E-mail Address: _____

Organization (if applicable): _____

Non-Profit 501(c) Yes No

Facility Applying for use of:

Gymnasium Only

Gymnasium w/ Bounce House & Party

Fitness Studio

Event Information:

Date of Event: _____ Estimated Attendance: _____

Brief Summary of Event (Include set-up/clean-up details):

Arrival Time: _____ **Departure Time:** _____

****Please Note:** Check-in time is your arrival time and check-out is your departure time. Please allow enough time for set-up and clean-up during this time frame.

Event open to the public? Yes No Will food be served in the building café area? Yes No

Please note that this is a request form and does not guarantee your requested rental. You will hear back from a BCRD employee after we have taken time to review your request. We appreciate your patience.

****No alcoholic beverages, tobacco, and/or weapons are permitted
at the Community Campus facility and grounds****

Applicant's Signature _____ Date _____