

The Hab events and rental agreement/request

Today's Date _____

Interested in: full facility ___ indoor fields ___ outdoor fields ___ How many fields ___

Date _____ Begin time _____ End time _____

Please be specific and tell us what the rental will be for:

Name of person or organization requesting the rental _____

Phone Number _____ e-mail address _____

Address _____

If different from above who is responsible for the payment _____

Can you provide an insurance binder/provider _____

Name of insurance provider/company _____

Internal Use Only

Total Rental Fee _____ Deposit Needed _____ Date Deposit Due _____

Remaining Balance _____ Date Remaining Balance Is Due _____

Approved by General Manager _____

Approved by Owner _____