



**APPLICATION FOR USE OF  
DR. VELMA H. WILLIAMS WESTSIDE COMMUNITY CENTER  
919 S. PERSIMMON AVENUE**



Date of Application: \_\_\_\_\_ Multipurpose Room \_\_\_\_\_ Gymnasium \_\_\_\_\_  
(Maximum Occupancy) 125 - Multipurpose Room 225 - Gymnasium

**Please review this contract carefully before signing. Any deviation from the conditions set forth by the renter, guests, photographer, DJ, caterer, etc. will result in additional fees or the forfeiture of your deposit.**

Organization/Person Responsible: \_\_\_\_\_

Address (Street, City, State, Zip code) \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Event Date Requested: \_\_\_\_\_

Brief Description of Event: \_\_\_\_\_

Hours of Availability: <b>March – October</b>	<b>November- February</b>
Saturday- 2 PM – MIDNIGHT	Saturday- 4 PM – MIDNIGHT
Sunday - 10 AM - 6 PM	Sunday - 10 AM - 6 PM

**Time Needed for Event to Include Setup, and Clean-Up Time**

Hours Requested: Open \_\_\_\_\_ Close \_\_\_\_\_

**Note: Building must be vacated no later than your stated “close time.”**

Approximate number of participants and guests: \_\_\_\_\_

Will children under 21 years of age be in attendance? Yes  No

Will alcoholic beverages be served?  
Beer  Wine  Liquor  Champagne  None

**I have read and agree to all rules and regulations set forth on this contract.**

**If your event requires Police Department coverage and they do not arrive to work your event please call the non-emergency number (407.665.5100) and ask to speak to a Supervisor.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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Staff signature: \_\_\_\_\_

