



GENERAL FACILITY RENTAL APPLICATION

Sponsoring Organization: _____

Event Name: _____

Contact Person: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Duration of Event (for multiple-day functions): Date from: _____ to: _____
(For multiple-day functions, please duplicate the form and complete Sections I through V for additional days.)

Section I – DATE OF USAGE

Date: _____ Day: _____

Arrival time (pre-event preparations)*: _____ Event start time: _____

Departure time*: _____

Estimated attendance: _____ (You must provide a final count 72 business hours prior to the event.)

Tax-Exempt: _____ No _____ Yes (Please provide tax-exempt form.)

*Charges will be based on these times.

Section II – ROOM REQUESTED

_____ Board and Training Room (accommodates 40)

Specify preferred arrangement:

_____ Classroom (seminar style)

_____ Auditorium (chairs only)

_____ Conference: _____ 3-sided _____ 4-sided

_____ Other (include diagram)

_____ Green Conference Room (accommodates 8)

Other requests or additional needs (i.e. registration table, etc.): _____

Section III – MEDIA EQUIPMENT INFORMATION

Data/Video projector and screen are available.

Do you need an AV Technician: _____ Yes _____ No

Describe your AV needs:

Section IV – REFRESHMENT NEEDS

(Please note full meals must be catered from a third party provider.)

A.M. Break: From _____ To _____

P.M. Break: From _____ To _____

You must confirm guaranteed guest count 72 business hours prior to the event. You will be billed for the guaranteed guest count or actual guest, whichever is greater. Any decrease in guest count could necessitate an increase in per person cost. A 20% administrative charge will be added to the total food cost.

Section V – CHARGES

Facility Rental: _____

Refreshments: _____ (See Section IV)

Estimated Total: _____

Deposit Required: _____ (Non-refundable)

All major credit cards are accepted (VISA, MasterCard, Discover). Please contact our office at 570-546-8005 with credit card information.

Checks may be made payable to Lycoming County Water and Sewer Authority and mailed to:

LCWSA
380 Old Cement Road
PO Box 186
Montoursville PA 17754

ADDITIONAL INFORMATION:

1. LCWSA will invoice following the event.
 2. Incidental charges, if any, before or during event, incurred with agreement of both parties, will be billed following the event and payable within 30 days.
 3. **Emergency policy:** LCWSA will make every effort to accommodate requests already made, but cannot guarantee reservations and/or services in the event of an emergency.
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The undersigned hereby makes application to Lycoming County Water and Sewer Authority, Montoursville PA for the said applicant for the use of LCWSA premises and certifies that all information given in said application is correct. The undersigned further states that he/she has the authority to make this application and agrees for the applicant that the applicant will observe all rules and regulations of LCWSA. The applicant will be responsible for all costs associated with any vandalism or repairs resulting from the sponsored activity.

Authorized Signature

Title

Date

Print or type above name

Lycoming County Water and Sewer Authority
380 Old Cement Road • PO Box 186 • Montoursville PA 17754
Phone: 570-546-8005 • Fax: 570-546-3315 • Email: rental@lcwsa.net