



Member ____ Yes ____ No
Date Submitted _____

Rental Application

Name of individual/organization:

Phone: _____

Email: _____

Address: _____

Contact (if different): _____ Title: _____

Phone: _____

Email: _____

Event Information

Date: _____

Time event begins: _____ Time event ends: _____

Will this event be ongoing? Yes No

Total Time (set up until clean up): _____ hours

Type of Event:

___ Concert/Recital

___ Reception/Party

___ Meeting/Lecture

___ Wedding

___ Memorial Service; Name of Deceased:

___ Other, specify:

Approximate number in attendance: _____ Adults

_____ Children

Equipment Needs:

Tables

Chairs

Kitchen

Other needs (audio/visual, etc)

Has the applicant viewed the venue? Yes No

Room(s) requested: _____

Anchorage Presbyterian Church
11403 Park Rd
PO Box 23316
Anchorage, KY 40223
502-245-5818
anchoragpc@gmail.com