



Green Cay Nature Center
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www.pbcnature.com



Facility Rental Request

Contact Person:
Phone Number:
Address:

Group/Organization:
FAX Number:
E-Mail:

If your group is an incorporated organization, please fill in this area:

Organization type: Profit OR Not for Profit

501©(3) Number:

Tax Exempt? Yes OR No

Tax Exempt Number:

Requested Rental Date:

Time (including set-up & clean-up):
From: _____ To: _____

Event Type:

Number Attending (Max 80): _____

Equipment:

Tables (_____) Chairs (_____)
 Microphone w/ speaker LCD Projector Laptop

Are you hiring any vendors to assist with the event? Yes OR No

(Vendors include: caterer, entertainment, event planner, etc. If yes, there are special requirements)

Would you like a party program for your event? Yes OR No

Program Start Time: _____

(Staff use only)

Not available-representative contacted on _____

Received Date _____

Reschedule date _____

Responsible Staff _____

Request granted-site meeting set for _____