COCONUT COVE COMMUNITY CENTER
FACILITY REQUEST INFORMATION FORM

PHONE (561) 629-8840 • FAX (561) 274-1150

Date _____

Rental Area Requested ____**Room A** ____**Room B** ____**Rooms A & B** ____**Kitchen**

Name of Organization/Group _____

If Applicable: **Tax Exempt Number** _____ **501c Number**_____

Contact Person _____ **Address** _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Business Phone** _____

Email Address _____

Alternate Contact Person _____ **Phone** _____

Requested Date(s) _____

Start Time _____ **End Time** _____

Type of Event _____ **Estimated # of People**_____

Will there be alcohol at this event? _____ **Yes** _____ **No**
**Liquor Liability Coverage will be required.*

Will there be vendors providing any service at your event: _____ **Yes** _____ **No**
**Vendors must provide proof of insurance naming Palm Beach County Board of County Commissioners as certificate holder and additional insured.*

Equipment Needed:

_____ **Tables** _____ **Chairs** _____ **Podium** _____ **Easel** _____ **Projector Screen**

Comments _____

_____

For Official Use Only

Fee Rate Applied: _____ **Civic** _____ **Private** **Date Received** _____