REQUEST FORM
CALENDAR/BUILDING RENTAL

INDIAN HILLS PENINSULA COMMUNITY CENTER
171 OLYMPIC, PO BOX 1071
LIVINGSTON, TX 77351

Date of Application: _____ Deposit Amount: $75

Name of organization renting the building:_____

Address: _____ Telephone: _____

Date of Event: _____ Time of Event: _____

Type of Event: _____

Number of people expected to attend: _____

The user has been given a copy of the general rules for the building usage of Indian Hills Peninsula Community Center and agrees to the terms as stated.

Name of the Person Responsible for any damage: _____

Address: _____ Telephone: _____

Signature:_____

Club Officer Signature:_____