

Space Rental Request Form

Contact Information:

Name:

Business / Organization (if applicable):

Address:

City:

State:

Zip:

Phone:

Additional Phone:

E-mail:

Are you a member: YES NO
of Saratoga Arts

Event Information:

Event Name:

Date(s) Requested: 1st Choice:

2nd Choice:

Time Requested:

(should include all set-up and break down)

Event Time:

Will this be a catered event? YES NO

Will you be bringing food? YES NO

If yes, what will you be bringing?

How many people do you expect?

Room Requested:

Special Requirements / Technical Needs:

Please detail all of your special requirements and technical needs: