

## FACILITY RENTAL REQUEST FORM

Please complete this application to submit your request to rent a facility at the Albert Robles Center (ARC) located in the City of Pico Rivera. Submission of this application does not guarantee the facility. Please submit a completed form to Jackie Ramirez at jramirez@wrd.org or submit an application via the online form here.

Jackie Kamirez at <u>framirezewird.org</u> of submit an application via t				
CONTACT INFORMATION		ARE YOU A PUMPER		
NAME OF ORGANIZATION/PUMPER:		AREA?		DATE:
	YES 🗌 NC			
	•			
CONTACT NAME:				TITLE:
PHONE NUMBER:	ALTERNATE PHONE NUMBER:			
EMAIL:				
ADDRESS	CITY, STATE, ZIP:			
EVENT INFORMATION				
EVENT DAY(S)/DATE(S) REQUESTED	TIME OF E	TIME OF EVENT (EXCLUDE SET UP TIME)		
(MON-WED UNAVAILABLE):				
	START TIME::AM/PM END TIME::AM/PM			M/PM
FACILITY REQUESTED				
ARC Full Multipurpose Room (Capacity: 108-240)				
ARC 1/3 Multipurpose Room (Capacity: 36-80)				
ARC 2/3 Multipurpose Room (Capacity: 72-160)				
Conference Room (Capacity: 14)				
IN A FEW WORDS, DESCRIBE THE EVENT:				
ADDITONAL DETAILS				
1. Will you be using one of our preferred catering vendors?	□ Yes		lo (If r quired	no, liability insurance )
2. Will you need to display a presentation? (ex: powerpoint)	□ Yes			<i>.</i>
(If yes, computers/laptops are not available, please bring your own laptop/device, we have audio and visual equipment				
available)				