

Dance Slab

Date(s) of benefit/host: _____

Name of benefit/function host: _____

Address: _____

Phone number: _____

If benefit, name of recipient: _____

Benefit

Other function (Dance, Wedding, Family reunion, B-day parties, etc.)

1. Has the benefit recipient suffered a severe financial hardship due to medical or accident problems?

YES NO

Please describe financial hardship. _____

1. What type of function to be held?

2. Is the benefit host a non-profit agency or individual?

YES NO

3. Is ANY person, group, or agency (other than the benefit recipient) going to receive a financial profit?

YES NO

4. Does the benefit host reside in Mason County?

YES NO

5. Does the benefit recipient reside in Mason County?

YES NO

If not, where do they reside? _____

6. What is your relation to recipient? _____

2. Are you advertising in Mason County only? (Dance)

YES NO

3. How many invitations to be given out?

Benefit/function: Dinner/reception

Dance open to public alcohol permitted private

Other _____

you must
leave restrooms
clean

Time : 8pm -12pm

9pm -1am

Other _____

Which extra day would you want?

the day BEFORE
(clean when function
is over)

the day AFTER
(have all day to
clean)

For Office Use Only:

Approve
 Disapprove

Rental

\$75.00 Private Party
 \$150.00 Public use
Deposit
 \$150.00 Private, non-alcohol
 \$300.00 Public or private
with alcohol

(in addition – make sure restrooms
are clean)

Security

2 - \$180.00
 3 - \$270.00
 4 - \$360.00

**Security Co. determines
how many guards needed
Extra charges added for holidays**

Approved by _____