Community Building

Date(s) of benefit/host: _____
Name of benefit/function host: _____
Address: _____
Phone number: _____
If benefit, name of recipient: _____

□ Benefit

1. Has the benefit recipient suffered a severe financial hardship due to medical or accident problems?
   □ YES □ NO
   Please describe financial hardship. _____
   _____
   _____
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?_____

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

1. What type of function to be held?
   _____
   _____
   _____
   _____
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 _____

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

_____
Approved by

Rental
□ $75.00 Private Party
□ $300.00 Public use
Deposit
□ $200.00 Private, non-alcohol
□ $400.00 Public or private with alcohol

Security
□ 2 - $180.00
□ 3 - $270.00
□ 4 - $360.00
Security Co. determines how many guards needed
Extra charges added for holidays