



RESERVATION FORM FOR EVENT ORGANIZATION IN ICK

A. Information of the Requisitioner / Renter.

A.1 Name of Event Organizer:

A.2 Contact Person:

A.3 Mailing Address:

A.4 Telephone(s):

A.5 E-mail Address:

A.6 Is your organization authorized to do fundraising in the State of Washington? Yes / No

A.7 If A.6 is yes, please provide non-profit/Charitable program registration No.:

A.8 Schedule of the requested event: Date- Time: From - To –

A.9 Description of the events

Signature of the Applicant (Print name if you submit electronically) Date:

FOR OFFICIAL USE BY ICK MANAGEMENT

B.1 Service Charge: \$ _____ (US Dollar _____)

B.2 Assigned Person from ICK Management:

B.3 Conditions of Approval (if any)

Approved by: _____ Date of Approval: _____
President, ICK Executive Committee [or assignee]