ROOM RENTAL REQUEST

DATE:_____

TO REQUEST A ROOM RENTAL, PLEASE FILL OUT THE FORM BELOW AND EMAIL IT TO INFO@HOCOARTS.ORG OR MAIL IT TO: HCCA - ROOM RENTALS
8510 HIGH RIDGE ROAD
ELLICOTT CITY, MD 21043

ORGANIZATION NAME: _____

TYPE OF BUSINESS: NON-PROFIT___INDIVIDUAL ARTIST___OTHER (DESCRIBE)_____

CONTACT NAME: _____ TITLE: _____

CONTACT PHONE: CONTACT ADDRESS: _____

HOME: _____ _____

WORK:_____ _____

MOBILE: _____ _____

PURPOSE OF RENTAL*: _____
*MUST BE AN ARTS-RELATED EVENT.

ROOM(S) TO BE RENTED:

___DANCE STUDIO ___THEATRE
___CONFERENCE ROOM ___LOBBY
___CLASSROOM #___ ___DRESSING ROOMS

RENTAL DATE(S) AND TIME*:

_____ _____
_____ _____
_____ _____

*SUBJECT TO AVAILABILITY. PLEASE INDICATE BOTH PREFERRRED AND ALTERNATE DATES.

EQUIPMENT:

CONFERENCE ROOM:
___PROJECTION SCREEN
___SLIDE PROJECTOR*
___OVERHEAD PROJECTOR
___PODIUM
___FLIP-CHART EASEL
___CHALK/WHITEBOARD

THEATRE:
___LIGHT BOARD*
___SOUND BOARD*
___DIGITAL PROJECTOR*

*$250 REFUNDABLE SECURITY DEPOSIT REQUIRED.

OTHER SPECIAL NEEDS:

HCAC Use Only: Received Date:_____ Approval Date:_____

☐ Approved For: _____
Day(s) Times Room(s)