BROOMFIELD AUDITORIUM LOBBY RENTAL REQUEST FORM
3 Community Park Road Broomfield CO 80020 720-887-2371
www.broomfieldauditorium.com 303-438-6234 fax

For office use only: CLASS Rental #_____ Event Date(s) _____
Date Submitted (user) _____ Date Processed (city) _____

LOBBY USER check one ____City & County ____Nonprofit [1, 2] ____For Profit [2]
Organization Legal Name_____
    Address _____
    City, State, Zip _____
    Phone _____Email_____
        Onsite Contact (if different from above) _____
        Phone_____ Email _____
            [1] Certificate of Incorporation required for first time users
            [2] Certificate of Liability Insurance required

LIABILITY INSURANCE Failure to provide the information will result in the denial of this request
Agency_____Certificate Expiration Date _____
    Address_____
    City, State, Zip _____
    Phone _____Email _____

REQUESTED USE check all that apply ____Event ____Rehearsal ____Meeting ____Other
(please specify other use) _____
Type of Function (check one) ___Public ___Private ___Other _____
Event Admission ____Free (295 seat max) ____Ticketed-prices _____
Publicity details for public event listing on city web, cable TV, print and broadcast media _____
_____

EVENT NAME ________

	Date	Time	Attendance	Fees
Load-In/Set-Up				
Event Start				
Event Finish				
Load-Out/Strike				
Extra Equipment				
	Initial Date	Balance Date	Damage Deposit	$100.00
Total Fees Due				

LOBBY RENTAL INCLUDES
20 Blue Padded Chairs and six 6' Tables; Lectern and Microphone, 1 staff

FEES	**Nonprofit**	**Standard**
	$25 hour	$50 Hour

As of 03/13/08