

# Saginaw Chippewa Youth LEAD Eagles Nest Facility Rental Application

---



## Please Print Clearly

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address/Department Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Event Type/Name: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Usage: \_\_\_\_\_ to \_\_\_\_\_

Area(s) to be utilized:  Gym  Kitchen

*If applicable:*

Retail Sales Tax Permit #: \_\_\_\_\_ or Approved Resolution#: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*If you have any questions, please call the Youth LEAD Administrative Assistant at 775-4506.*

### Youth LEAD Office Use Only

Approved: \_\_\_ YES \_\_\_ NO

\_\_\_\_\_  
Youth LEAD Management

\_\_\_\_\_  
Date

Deposit Made on: \_\_\_\_\_ Payment of Rental Fee Made on: \_\_\_\_\_

Deposit Returned on: \_\_\_\_\_

Signature that deposit was returned: \_\_\_\_\_