

Facility Rental Request

To uphold the Kroc Center's Mission, all event requests will be reviewed and approved based on the proposed event content at the discretion of The Salvation Army Kroc Center. Please complete this Rental Request for approval to rent space at the Kroc Center. Submission of this request does NOT guarantee facility rental.

CONTACT INFORMATION

TODAY'S DATE _____ RESPONSIBLE PARTY / ORGANIZATION _____

IS ORGANIZATION A NON-PROFIT? YES NO (IF YES, PLEASE EMAIL COPY OF 501c3)

CONTACT PERSON _____ TITLE _____

PHONE: DAY _____ CELL _____ ALTERNATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ KROC CENTER MEMBER YES NO

WEBSITE/SOCIAL MEDIA _____

ORGANIZATION'S MISSION _____

How did you hear about renting the Kroc Center?

Radio Brochure Program Guide Magazine Ad Internet Friend Networking Event Other _____

EVENT DETAILS

EVENTS DAY(S) & DATE(S) REQUESTED _____

RENTAL START TIME _____ RENTAL END TIME _____

EVENT START TIME _____ EVENT END TIME _____

ESTIMATED ATTENDANCE _____

EVENT DESCRIPTION & PROGRAM CONTENT _____

WILL ADMISSION BE CHARGED? YES NO WILL MERCHANDISE BE SOLD? YES NO

REQUESTED SET UP: ROUNDS OF 8 THEATRE CLASSROOM U-SHAPE SPECIAL

WILL FOOD & BEVERAGE CATERING BE NEEDED? YES NO
(If yes, the Kroc Center Events Department will follow-up for further details. No outside food or beverages are allowed.)

IF YES: BREAKFAST LUNCH DINNER SNACKS BEVERAGES HORS D'OEUVRES

WILL YOU NEED ADDITIONAL EQUIPMENT? YES NO
 PROJECTOR SCREEN MICROPHONE #____ SOUND A/V STAFF PODIUM CENTERPIECES PIPE AND DRAPE STAGING

SPECIAL REQUESTS _____

All rental groups must sign a Hold Harmless Agreement in which the rental group assumes the risk of injury to all persons who are on the Kroc Center property as part of that group, and for injury or property damage sustained by others that results from the group's use of the premises or provide a certificate of insurance naming The Salvation Army Ray and Joan Kroc Corps Community Center and its respective officers, directors, employees and agents as additional insured's.

AREA(S) REQUESTED

- ASSEMBLY HALL
- FELLOWSHIP HALL
- CHAPEL
- CLASSROOM(S)
 - Half Classroom(s) # _____
 - Full Classroom(s) # _____
- FESTIVAL PLAZA
- COMPUTER LAB
- GYM
 - Court 1 or 2
 - Indoor Turf Field
- POOL
- PARTY ROOM
- OTHER _____

Contact Us • todd_liermann@usc.salvationarmy.org • 2825 Y Street • Omaha, NE 68107 • 402-905-3531 • www.OmahaKroc.org

For office use only: Rcv'd _____ Follow-up _____ 2nd Follow-up _____ Booked _____ Reason _____
 Approved _____ Signature _____ Date _____