



**BORDEN COUNTY**  
 PO Box 156  
 117 East Wasson  
 Gail, TX 79738  
 Phone: 806-756-4391 / Fax: 806-756-4405  
 Email: bordencj@poka.com

For Office Use	
Permit #:	_____
Date:	_____
Approved:	_____

## Application for Facility Use

Key Deposit Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check No.: \_\_\_\_\_ Cash: \_\_\_\_\_  
 Facility Rental Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check No.: \_\_\_\_\_ Cash: \_\_\_\_\_  
 Cleaning Deposit Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check No.: \_\_\_\_\_ Cash: \_\_\_\_\_  
 Date of Submittal: \_\_\_\_\_ Event Type: \_\_\_\_\_

Event Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Organization: \_\_\_\_\_

Check One  Non-profit  Profit

Contact Person: \_\_\_\_\_ Alternate Contact: \_\_\_\_\_  
 Day Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

### Facilities Requested

Check all that apply

**Number Attending**

<input type="checkbox"/> Event Center	<input type="checkbox"/> Conference Room	<input type="checkbox"/> Assembly Room	<input type="checkbox"/> Activity Room
<input type="checkbox"/> Bayed Area	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Arena	<input type="checkbox"/> Arena / Restrooms
Setup	<input type="checkbox"/> *5' Round tables	<input type="text"/> Number required	<input type="checkbox"/> Podium
* These items for the Assembly room only.	<input type="checkbox"/> 6' Banquet tables	<input type="text"/> Number required	<input type="checkbox"/> Lectern
	<input type="checkbox"/> 8' Banquet tables	<input type="text"/> Number required	<input type="checkbox"/> Stage
Note: Table cloths will not be furnished.	<input type="checkbox"/> *Upholstered chairs	<input type="text"/> Number required	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Plastic chairs	<input type="text"/> Number required	<input type="checkbox"/> Other _____
Sound System	<input type="checkbox"/> Wireless microphone	<input type="checkbox"/> Corded microphone	<input type="checkbox"/> CD / IPOD player
Video System	<input type="checkbox"/> DVD player	<input type="checkbox"/> Computer/ Internet connection	

### Applicant Signature

I have read, understand, and agree to all provisions of the Borden County Facility Use Policy. On behalf of and as an authorized representative of the above named organization (applicant), it agrees to abide by the Agreement, the Borden County Facility Use Policy and all applicable laws and rules. By signing this document, I attest that I am 21 years of age or older.

\_\_\_\_\_  
*Signature of authorized representative*

\_\_\_\_\_  
*Printed name of authorized representative*

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

\_\_\_\_\_  
*Signature County Official or Designee for Approval*