

FACILITY RENTAL REQUEST FORM

Parks & Recreation
10 S. EAGLEVILLE RD, STORRS, CT, 06268
860-429-3015 WWW.MANSFIELDCC.COM

MANSFIELD COMMUNITY CENTER & LENARD HALL

Please complete and return this request form to the Mansfield Community Center with full payment (refundable if canceled at least 2 weeks in advanced of rental date). Facilities must be reserved at least two weeks in advance for scheduling purposes and are dependent upon seasonal availability. Please see other side for additional facility rental information. Confirmation of your facility request will be provided by email and a receipt of payment will be issued. Reservation is not confirmed until your payment is received and a receipt has been processed. Alternative date/time choices are highly encouraged.

Renters Name _____ **Agency Name** _____

Phone # _____ **Email** _____

Address _____ **City** _____ **Zip** _____

RENTAL TYPE

_____ Family/Personal _____ Business _____ School _____ Other: _____

Group Size _____ Set-Up Needed _____

Please check your choices and write in prices in right column. **Prices are per facility hour*

Mansfield Community Center		Member	Non-Member	Fee
	Community Room (holds up to 50 people)	\$50/hour	\$100/hour	
	Community Room WITH Serving Kitchen (use of space in refrigerator/freezer &/or stove)	\$75/hour	\$135/hour	
	Arts & Crafts Room (holds up to 20 people)	\$25/hour	\$50/hour	
	Teen Center	\$30/hour	\$60/hour	
	Full Gymnasium (with standard equipment)	\$60/hour	\$120/hour	
	1/2 Gym (with standard equipment)	\$30/hour	\$60/hour	
	1/2 Gym WITH Inflatable Slide	\$150/hour	\$190/hour	
	1/2 Main Pool	\$150/hour	\$300/hour	
	Therapy Pool	\$75/hour	\$150/hour	
	Dance/Aerobics Room	\$40/hour	\$80/hour	
MCC Business Package Options		Business Partner	Other Businesses	Fee
	Lecture Room (seats 35 comfortably with tables, 50 with just chairs)	\$25/hour	\$50/hour	
	Add-on: Audio Visual Package	\$20/use	\$30/use	
	Add-on: Serving Kitchen	\$25/hour	\$35/hour	
	Add-on: Coffee Service	Free	\$10/hour	
Lenard Hall		Resident	Non-Resident	Fee
	Lenard Hall Recital Room	\$90/hour	\$100/hour	
TOTAL				

Credit Card Information (required if faxing)

Card # _____ Exp Date ____/____

Name on Card _____

For Office Use Only

Received By _____

Date _____ Time _____