



**MARTIN CENTER
FACILITY RENTAL LICENSE APPLICATION
FOR INDIVIDUAL**

APPLICANT INFORMATION:

1. Applicant: _____
(name of company, business, or individual as you would report it on a W-9 and a certificate of insurance)

2. Contact Person: _____

Phone Number: _____

Fax Number: _____

Address: _____

City/State/County: _____

Social Security Number: _____

3. Name of person who will sign contract: _____

Title: _____ Phone Number: _____

EVENT INFORMATION:

1. Requested Dates/Times: _____

2. Full description and name of show or function for which facility is being rented: (Attach additional sheet if necessary or promotional information from past events):

3. Estimated Attendance: _____

REFERENCES

Please list three (3) personal and / or business references

Name: _____

City/State _____

Phone # _____

Name: _____

City/State _____

Phone # _____

Name: _____

City/State _____

Phone # _____

This application will **NOT** be processed/approved if information is incomplete or inaccurate. No dates can be contracted without an Approved License Application. This is not a legal contract and is not binding to either the Applicant or the Martin Center of FiftyForward. **DO NOT** make any advance arrangements regarding facility usage until a contract has been fully executed with The Martin Center of SCI. This includes disseminating or releasing any information or publicity of any nature in regard to the event including, but not limited to, the offering of tickets or reservations.

I hereby confirm that the above is true and correct to the best of my knowledge.

Applicant:

Signature

Date

Please return via fax or mail to:

The Martin Center
960 Heritage Way
Brentwood, TN 37027
fax: 376-0124

Accepted:
Martin Center

By: _____ Dated: _____
Center Director