

CASHMERE RIVERSIDE CENTER

**P.O. BOX 305
CASHMERE, WA 98815
(509) 782-2178**

FACILITY USE APPLICATION

Event date(s) _____ Time(s) _____

Type of event: _____ Day(s) of Event _____

Applicant/Organization _____ Number of participant's _____

Contact _____ Phone(Day) _____ E-mail _____

Alternate Contact _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

**Facilities/equipment requested:
(40 tables and 250 chairs included in rental fee)**

Stage Kitchen PA System Patio Podium A/V equipment

*Linens * Dishes *Extra chairs *Extra Tables *Piano *Candelabra/Arches * Extra fees may apply

Pre-recorded music _____ Live Music _____ Will Alcohol be served? Yes _____ No _____ (See Facility Policies for requirements)

Security Required _____ Beverage Service Fee _____ Number of Servers _____

Special requests _____

I hereby certify the above information is true to the best of my knowledge. I have received a copy of the Riverside Center Facility Policies and agree to adhere to the policies, rules and laws of the City of Cashmere, the County of Chelan, and Cashmere Riverside Center. I understand that failure to comply with these policies may result in loss of rental privileges, and/or retention of all or part of my damage/security deposit.

Applicant _____ Date _____