

MASONIC TEMPLE ASSOCIATION OF IDAHO FALLS, IDAHO, INC.
225 S. Capital Ave.
Idaho Falls, ID 83402
(208) 522-8751

BUILDING RESERVATION REQUEST

Organization and Type of Event: _____

Date and Day of Week: _____
Time: Start (Set Up) _____ to Finish (Clean Up) _____

Organization or Event Contact Person: _____
Address: _____
Telephone(s): _____

Masonic Temple Association Member Responsible: _____
Address: _____
Telephone(s): _____

Reservation Details:

Number of Adults: _____ Number of Children: _____
Use of Meeting Room: Yes _____ No _____
Use of Dining Room: Yes _____ No _____
Use of Kitchen Facilities: Yes _____ No _____
Food or Drink Served: Yes _____ No _____

If Yes, list what will be served: _____
Planned Activities: _____

Cleaning Deposit to be paid within one (1) week after Approval by the Board of Directors. Building Use Fee to be paid at least one (1) week prior to Event Date.

Cleaning Deposit: \$ _____ Building Use Fee: \$ _____

Please review the attached building use rules and cleanup requirements prior to submitting this Reservation Request Form.

By signing and submitting this Reservation Request Form, I agree that the organization/event I represent will abide by the attached Building Use Rules and Cleanup Requirements.

Organization Representative _____ Date _____

Approved by Board of Directors: _____
(Date)

All Reservation Forms must be submitted for review by the Board of Directors prior to the next Board meeting (4th Monday of each month). Use of the building is contingent upon availability and approval by the Board of Directors.