## **BIGGERS PARTY RENTAL REQUEST**

Please fill out completely, return with check, and contract to HPUMC, Attn: Susanne Lankford, 3300 Mockingbird, Dallas, TX 75205

Today's Date:	-			
Applicant's Name:			Member of HPU	JMC: Yes No
Phone:	Cell:	Email: _		
Date of event:/	/ Year			
Number of Children: Birthday Child's Name:				Child's Age
Arrival Time for set up: + Estimated Departure Time (after o			:lean up):	= Total Hours
HPUMC Members: Ren Rental time must include Paperwork and payment	set-up (arrival) and	clean up time (dep	oarture). Two ho	ur minimum required.
Circle areas of the building to be used:				
Basketball Court	Party Room	Play Yard	Classroom	Aerobics Room
<ul> <li>Guests will have access to One adult must be prese</li> <li>Party supervisor has the</li> <li>Food and drink are only at All cancellations must be mail Susanne Lankford at O 7 days or less notice</li> <li>Highland Park United Me</li> <li>Rental groups shall be fir and/or guest.</li> <li>All trash must be thrown</li> <li>In the event of inclement day. DISD posts their decolocal TV or radio stations on Saturday, we will post</li> </ul>	nt for every 8 childrent for every 8 childrent fight to ask unruly guallowed in the Party 1 made at least 48 how lankfords@hpumc.oe: \$75.00 fee; 8-14 control is not ancially accountable away in the dumpst weather, we follow ision on their websit to find out. For part	en under 13 years ole uests to leave. Room and the Classi urs prior to event da org. Please note the days - \$50.00 fee, 15 t responsible for lose for any misuse or n ers located behind to DISD in determining e by 6:00 am. You ca ies/events on Saturo	d. room. Please brin ate. If you need to following cancell 5-21 days - \$25.00 t, stolen, or dama negligence on the the building. g whether to stay an go to www.da day, if the church	o cancel this event, e- lation fees: 0 fee. aged personal items. part of the rental group open or closed for the llasisd.org or to most closes for all activities
I acknowledge that I have rea	ad the above polices	and I understand ar	nd accept the con	nditions stated.
Signature		Date:		
FOR OFFICE USE ONLY Date paperwork received		Susanne Lar 214.780.17	nkford, Recreatio 57	n Coordinator

lankfords@hpumc.org

Check amount \$

Check #

Form Revised 5/8/2013