

BUILDING REQUEST FORM

Requester's Name/Organization:		
Mailings Address:		
Home/Business#: Cellular#:		
Date of Saturday Event:	Time of Event:	(4 hour time frame, must end at 8:00pm
Type of Event (please be specific):_		
Total # of invited guests:	# of children # of adults	(over 18 years):
Will food and beverages be served of	luring the event?	
If yes, will it require heating in an o	ven or microwave or refrigeration	?
The Door has 12 tables and 78 chair	s available for use.	
How many tables will be needed? _	How many chairs?	
Will you be providing your own tab	les and/or chairs?	
Will music or use of sound/video eq	uipment occur during event (must	be provided by renter)?
Will you allow persons other than in	wited guests to attend event?	
Who will be the designated door atto	endant?	
Please describe the types of activitie	s that will occur during the event	(be specific):
Who will be the designated person f		
be returned provided you clean u	nired to secure your building rental weeks prior to the event date along p and leave the building on time.	with a \$50 refundable security deposit which will
Renter's/Requestor's Signature		Date
Please return your completed form	n and provide payment to:	

The Door 219 N. Chester Street Baltimore, MD. 21231 410-675-3288 ext. 11