Facility Rental
Permit Request Form

CALHOUN COUNTY
RECREATION DEPARTMENT

Date: _____

Rental Information

Full Name: _____

Organization/Business Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Home Number ( ) ____-_____ Cell Number ( ) ____-_____ Email: _____

If you would like to receive email promotions from the Recreation Department, please check here ☐

Event Information:

Date of Event: _____ Type of Event: _____

Specific Location: _____ Estimated Attendance: _____

Event Start Time: _____ Event End Time: _____

Estimated Tables: _____ Estimated Chairs: _____

_____ _____
Responsible Party Printed Name Responsible Party Signature

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Please Return to:
Calhoun County Administrative Annex
Attention: Recreation Department
304 Agnes St. Room B103 or 102 Courthouse Drive, Suite 108
St. Matthews, S.C. 29135

For Recreation Department Staff Only

Approved ☐ Disapproved ☐

Comments:

_____

_____

_____
Parks & Recreation Representative