



EVENT PROFILE - FACILITY RENTAL APPLICATION

Please complete the following information with as much detail as possible, a minimum of 30 days prior to your meeting or special event date(s). Submit completed form to:

Patti Kleshinski

890 West Fourth Street Suite 100, Mansfield, Ohio 44906

Phone: 419-774-2513 | Toll Free: 800-706-0692 | Fax: 419-774-5523

Email: kleshinski.patti@moesc.net

Please Print

Date: _____ Contact Person: _____
Phone Number: _____ Fax Number: _____
Email Address: _____
Name of Organization: *(Please do not abbreviate name)* _____
Address: _____ City: _____ State: _____ Zip: _____

Rental Category

Non Profit Profit Organization Party/Wedding Reception/Reunion

Name or type of instruction/event: _____

Anticipated number of participants _____

Timeline

Date(s) of the Event: _____ Time: _____

Additional Date/Time Information *(if applicable)*: _____

Will your event require additional breakout rooms? Yes No

If yes, how many total rooms are you requesting? _____

Capacity requirements for additional room(s)? _____

Catering

Do you plan to have food catered into your event? Yes No

If yes, what type(s) of meal(s) will be served? Breakfast Lunch Dinner Other

Name of the caterer you expect to use for your event: _____

Miscellaneous

Do you plan to have music for your event? Yes No

If yes, what will it be? Band DJ Other *(please explain)* _____

Will you need a dance floor? Yes No

Will you need a stage? Yes No

Will alcohol be on the premises for your event? Yes No

If yes:

1. Additional hourly charges if security is required *(security obtained by Mid-Ohio Conference Center)*
2. Liquor permit from Ohio Department of Commerce required if alcoholic beverages are sold or provided by caterer or sponsor
3. Certificate of insurance or waiver request required for all alcohol related events