

**TOWN OF BUTNER**

415 Central Avenue / P.O. Box 270, Butner, NC 27509 // main 919-575-3032 / fax 919-575-3034

**BAP Meeting Room Use Application** – Please fill out completely.

Facility Address: 1105 West B Street / Butner, NC 27509

Date \_\_\_\_\_

**Contact Information**

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Organization Information**

Type (Circle one):      Town              Committee              Church              Non-Profit              Other

Type of Event: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Organization Website or E-mail Address: \_\_\_\_\_

**Fees - \$100.00 for four (4) hours // \$250.00 Refundable Deposit Required**

Are the Rules Signed?      Y      N              Insurance Info Submitted?      Y      N      N/A

Deposit: \_\_\_\_\_ Paid? Y      N              Fee: \_\_\_\_\_ Paid? Y      N

Additional Fee(s): \_\_\_\_\_

**Additional Information:**

**Staff Use Only:** \_\_\_\_\_

\_\_\_\_\_

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