## FACILITY USE REQUEST / AGREEMENT



## **Applicant to Comply With Instruction For Preparation of this Application**

Please type or print legibly. All items must be filled in; incomplete forms will not be accepted. The applicant, by signing this request has acknowledged that applicant has read and understood the "Facility Use Policy", and agrees to be bound to all the conditions contained therein. Availability is subject to change without notice.

| CONTACT INFORMATION  |                          |                   |   |               |
|--|--------------------------|-------------------|---|---------------|
| NAME:  |                          | ADDRESS           |   |               |
| COMPANY  |                          | -                 |   |               |
| COMI AIVI  |                          |                   |   |               |
| PHONE  |                          |                   |   |               |
| EVENT INFORMATION  |                          |                   |   |               |
| Is this event Private or Public?   |                          |                   |   |               |
| DESCRIPTION OF EVENT   |                          |                   |   |               |
|  |                          |                   |   |               |
| DATE OF EVENT TIME OF EVENT  | DURATION OF EVENT        |                   | NUMBER OF ATTENDEES   |               |
| SPACE REQUESTED (please circle)  | SPECIAL<br>REQUIREMENTS: |                   | Number  | Fee           |
| □ ROOM 1114  |                          |                   | of Guests   | A             |
|  |                          |                   | 1-100   | \$100         |
| ☐ FIRST FLOOR CONCOURSE  |                          |                   | 101-200   | \$200         |
|  |                          |                   | 201-300   | \$300         |
| □ VERONICA ROOM  |                          |                   | 301-400   | \$400         |
|  |                          |                   | 401-500   | \$500         |
|  |                          |                   | The largest space available for rent is<br>the First Floor Concourse, which has<br>a Maximum Occupancy of 400<br>persons. |               |
| INSURANCE CARRIER, POLICY NUMBER   | FOOD/BE                  | EVERAGE VENI      | OOR REQUIRE   | <b>D</b> ?    |
| (Attach proof of insurance to this application)  |                          | YES               | NO  |               |
| SIGNATURE AND REVIEW INFORMATION   |                          |                   |   |               |
| By signing below, you hereby agree to the terms and conditions specified in the Facility Use Policy, the fee schedule defined in this Facility Use Request, and agree to repay the Airport, City of Syracuse Department of Aviation or the Syracuse Regional Airport Authority for any costs, expenses, fees or charges associated with your use of the Space. |                          |                   |   |               |
| SIGNATURE OF APPLICANT   | DATE:                    | r charges associa | ited with your use  | of the Space. |
|  |                          |                   |   |               |
| EXECUTIVE DIRECTOR   |                          |                   |   |               |
| IF APPROVED SUBJECT TO CONDITION, ATTACH CONDITIONS HERETO   |                          |                   |   |               |
| ☐ APPROVED ☐ DENIED ☐ CONDITIONAL  |                          |                   |   |               |