Name of Group or Family’s Last Name: ____________________________________________

Contact Person: ____________________ Telephone # ______________________________

What will you be holding?
☐ Wake  ☐ Funeral  ☐ Memorial Dinner  ☐ Meeting  ☐ Birthday Party  ☐ Baby Shower
☐ Other ____________________________________________________________

Date(s) Needed: _______________________________________________________________________

(If using for Wake/Funeral you DO NOT have to answer the following questions)

Time of use: _____________________________________ ☐ AM ☐ PM To: ___________________________ ☐ AM ☐ PM

Equipment needed: _______________________________________________________________________

Groups or individuals making requests will be held responsible for conduct, adherence to allotted time, cleanup and any damages. Children must be supervised at all times and security must be provided for large groups of children. Individuals requesting use of the building must be at least 18 years of age. Requests are subject to adjustment and review. Reservation Business and Community Councils have priority over other areas.

Wakes and/or funerals will be given first priorities NO EXCEPTIONS!
(If there is a wake on the day you requested you would/will be automatically denied.)

By signing my name below means I do accept these conditions.

Date: _______________________ Requester Signature: _______________________________________

Not approved: ☐ Approved: ☐

Building Manager __________________________ Date: __________________________

Denied (Reason) _______________________________________________________________________

Other Information: __________________________ Date confirm with Bena Ctr.: _______________

Facilities Management Department
Telephone Number: (218) 335-8318 Fax Number: (218) 335-4421

BENA Community Center Telephone Number(s):
Number: (218) 665-5305 Fax: Number: (218) 665-5314