

Classroom Rental Application

Date: _____

Contact Information:

Name: _____ Email: _____ Phone: _____
Address: _____

Instructor Information:

Instructor Name: _____ Best Way to Contact on Day of: _____

Event Information:

Event/Class Title: _____
Description: _____

Scheduling Information:

Please check which one applies:

- One time event/class
- Weekend Workshop
- Ongoing Series/ Recurring Event
- Free Community Offering

Date Request:

Please list your top 3 dates and times:

1. Date(s) _____ Time: _____
2. Date(s) _____ Time: _____
3. Date(s) _____ Time: _____

Marketing Information:

If this is a public event would you like us to:

- Post on SRBC Facebook Page
- Display a flyer on our front desk

Please fax completed applications
to 707.539.0686, drop off at our
clinic during office hours or email
to tessa.danielle@gmail.com
Thank you!

OFFICE USE: Rental Rate: _____ Date: _____ Time: _____

Notes: _____