

**JOHN O'LEARY
ADULT COMMUNITY CENTER, INC.**

RENTAL INQUIRY FORM

Date: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home phone (include Area Code) : _____

Cell phone: (include Area Code) : _____

Work Phone (include Area Code) : _____

E-mail address _____

Date desired: _____

Start time: _____ ☐ AM ☐ PM **End time:** _____ ☐ AM ☐ PM

Type of event: _____

Approximate number of attendees expected: _____

Special or additional needs: _____

**You may submit the DATA in this form to
Steven.M.Dembow@comcast.net by email**