



Rental Request Form

We appreciate your interest in renting one of our facilities. Rental transactions are completed during our business hours on Monday-Friday from 8:00AM-5:00PM. One of our staff members will get back to you as soon as possible once we have reviewed your information. **Please note that submission of this form does not guarantee availability of use.**

Date of Rental: _____ Time of Rental: _____

Event Name: _____ Estimated Attendance: _____

Contact Person: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ E-Mail: _____

Will alcohol be served at your event? Yes _____ No _____

Will your event have a band or DJ? Yes _____ No _____

Community Center Room

Gymnasium: _____

Celebration Hall: _____

Kiwanis Room: _____

Park Facility

Lakeside Park Pavilion: _____

Lakeside Park Gazebo: _____

Ward Park Pavilion: _____

Veteran's Memorial Park Pavilion: _____

This form can be submitted in person at the Syracuse Community Center or by mailing it to:
Syracuse Community Center | 1013 North Long Dr. | Syracuse, IN 46567

OFFICE USE ONLY

Date Received: _____ Received By: _____

Approved _____ Denied _____ Staff _____