THE ACADEMY AT MINDS IN MOTION
IMPACT POINT (IP) RENTAL APPLICATION

GENERAL INFORMATION

Date application submitted: _____

_____ _____
Last Name First Name

_____ Member: yes ___ no___
Name of Organization

_____ _____
Address E-mail Address

_____ _____ _____
City/State/Zip Cell Phone Work Phone

EVENT/USE INFORMATION

Purpose of event: _____

Date(S) of requested use_____ Is this a ____one time use OR ____ recurring use. (weekly or monthly)
Event date or start date if recurring _____ End date if recurring _____
Set up time _____ Event start time _____ Event End Time _____ Total hours _____

Number of people attending _____ Est # children _____ Age range of children _____ Est # adults ____

Space Requested:
Gym: _____ Art Room: _____ Spanish Room: _____

Are any additional supplies or equipment (tables, chairs, PE, audio/visual) requested?

_____

Will food/beverages be provided? Yes ___ No ___. If yes, please explain: _____

Are you able to provide proof of insurance covering your organization/event? Yes ___ No ___
Please fax to 937.748.2091 or mail to Minds In Motion 11 Sycamore Creek Dr Springboro, OH 45066

AGREEMENT

I agree to pay a Refundable Cleaning and Security deposit in the amount of: $100 (Please include a SEPARATE CHECK with your balance.)

I have read and agree to the IP rental policies & procedures, including all fees and agree to the terms and conditions of space rental at IP. I am the responsibility party who will assure that the facilities guidelines will be followed during the event. Minds In Motion & The Academy at Minds In Motion are not liable for any damages or injuries related to the event.

Signature_____ DATE _____