

**Request to use the PRISMA HEALTH
AMPHITHEATER
Located at the Community Park of Irmo**

Date of request: _____

Date of Function: _____

Purpose of Function: _____

Number of Guests: _____

Hours the **Amphitheater** will be used are from: _____ to _____

Electricity Needed? YES NO

Church or Non-Profit paperwork? YES NO

Requestor's Name: _____

Address: _____

Phone: _____

PLEASE HAVE D/L READY SO WE CAN MAKE A COPY. DEPOSIT WILL BE SENT TO
REQUESTOR.

Rental fee: _____ Deposit: _____

FOR OFFICE USE ONLY

Date of Security Deposit/Rental Fee: _____

Amount of Check/Cash/MC _____

Receipted By: _____

Date Deposit/Rental Fee Amt Returned to Requestor: _____