

Hyde Park Art Center Event Request

Organization _____

Contact Name _____

Address _____

Telephone _____

E-mail address _____

Date requested _____ Start/End time _____

Space requested _____

Type of Event:

 Birthday party _____

 Age _____ (for Birthdays only)

 Wedding Reception _____

 Meeting _____

 Cocktail Reception _____

 Other _____ (please describe below)

 Scheduled Tour _____

Attendees _____

Are you a not-for-profit organization? Yes No

Special Requirements:

Additional Information:

HPAC Contact: