

Greene County Ohio Historical Society  
74 West Church St., Xenia OH 45385  
937-372-4606 [gchsxo@yahoo.com](mailto:gchsxo@yahoo.com)  
APPLICATION FOR FACILITY USE/RENTAL

Date of event: \_\_\_\_\_

Start time: \_\_\_\_\_ End time: \_\_\_\_\_

Event: \_\_\_\_\_

Facility user/organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

Non-profit:            Y            N

Anticipated attendance: \_\_\_\_\_

Set-up needed: \_\_\_\_\_  
(tables, chairs, A/V equipment, etc.)

Food service if applicable: \_\_\_\_\_  
(carry-in, catered: *this service is not provided by GCHS*)

Special needs if any: \_\_\_\_\_

**Statement of acceptance**

The undersigned, on behalf of himself/herself/organization above named, has read, understands, accepts and agrees to abide by the operating policies of the Greene County Ohio Historical Society which govern the use or rental of GCHS facilities, a copy of which is attached.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Deposit of \$\_\_\_\_\_ paid on \_\_\_\_\_. Fee of \$\_\_\_\_\_ paid on\_\_\_\_\_.

Designated GCHS person for event: \_\_\_\_\_