

FACILITIES USE APPLICATION FORM

Please fill out the information below.

NAME: _____ TELEPHONE: (____) _____

ORGANIZATION: _____ FAX: (____) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

REQUESTED DATE(S): _____ TIME: _____

Number of people expected: _____ Age range: _____

DESCRIPTION AND PURPOSE OF ACTIVITY (Be Specific):

Will food be served? Yes ___ No ___ Will alcoholic beverages be served? Yes ___ No ___

Lock and Dam Tour requested? Yes ___ No ___

FEES: (See facilities use information handout for specific fees):

	Hours	Unit Cost	Total
Exhibit Gallery/Lobby			
Multi-purpose Community Room			
Executive Conference Room			
Covered Outdoor Theater			

Total Amount Remaining: _____

Make check payable to Mark Twain Lake Visitors and Educational Resource Center Committee and send with this application form to:

*Mark Twain Lake Visitors and Educational Resource Center Committee
 Mark Twain Lake Project Office
 20642 Highway J
 Monroe City, Missouri 63456*

I have read and understand all the information presented in the handout entitled "Facilities Use Information" and will follow all guidelines and restrictions. I also confirm that I am authorized to act on behalf of the organization listed above.

Applicant Signature _____
Date

Approved by: _____
Corps of Engineers Representative _____
Date

Committee Representative _____
Date