

**Expo Center Practice Rental Request Form**

**Reservation Guarantor:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Time Requested: \_\_\_\_\_

Rider Name: \_\_\_\_\_

Rider Name: \_\_\_\_\_

Rider Name: \_\_\_\_\_

Rider Name: \_\_\_\_\_

Rider Name: \_\_\_\_\_

Rider Name: \_\_\_\_\_

Credit Card information and waivers will be requested after reservation date is confirmed. You will also receive instructions after payment on accessing the building and building rules.