



Green Cay Nature Center  
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## Facility Rental Request

Contact Person:

Group/Organization:

Phone Number:

Address:

E-Mail:

**If your group is an incorporated organization, please fill in this area:**

Organization type: ☐ Profit OR ☐ Not for Profit

**501©(3) Number:**

Tax Exempt? ☐ Yes OR ☐ No

**Tax Exempt Number:**

**Requested Rental Date:**

Event Type:

Time (including set-up & clean-up):

Number Attending (Max 80):

From:

To:

**Equipment:**

☐ Tables ( )

☐ Chairs ( )

☐ Microphone w/ speaker

☐ LCD Projector

☐ Laptop

**Are you hiring any vendors to assist with the event?** ☐ Yes OR ☐ No

(Vendors include: caterer, entertainment, event planner, etc. If yes, there are special requirements)

Would you like a party program for your event? ☐ Yes OR ☐ No

Program Start Time:

(Staff use only)

Not available-representative contacted on \_\_\_\_\_

Received Date \_\_\_\_\_

Reschedule date \_\_\_\_\_

Responsible Staff \_\_\_\_\_

Request granted-site meeting set for \_\_\_\_\_