GALAXY DANCE STUDIOS
LESSEE ACTIVITY FORM

Today's Date: _____Your Name: _____

Title _____ Phone _____ E-mail _____

Name of Organization (if applicable) _____

Address: _____

Type of Activity: _____

Hours or partial hours for each Activity including setup and cleanup: _____

Start time & date requested _____

Alternate time and date _____

Times per week the Activity will meet _____ Times per month the Activity will meet _____

How many participants do you expect in your activity? Most _____ Least _____

Will you be needing to use the sound system? Yes _____ No _____ Sometimes _____

Will you have special equipment for your Activity? Yes _____ No _____ If yes, please describe.

_____

_____

Will you need to store your special equipment at Galaxy Dance Studios? Yes _____ No _____

Do you carry liability insurance to protect your participants from injury? Yes _____ No _____

Please describe the nature of your Activity and provide any pertinent information.

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