

**EASTERN MICHIGAN UNIVERSITY
INDOOR PRACTICE FACILITY**

Application for Rental

(Contract will be issued upon approval)

Today's Date: _____

Name of Renter: _____

Title of Renter: _____

Name of Company or Organization: _____

Mailing Address of Renter: _____

City, State, Zip: _____

Area Code/Phone Number of Renter: _____

E-Mail Address of Renter: _____

Day(s), Date(s), Year requested: _____

Start Time: _____ End Time: _____

Description of Event: _____

Number of Participants: _____

Complete this application and return to:

Mailing Address: Eastern Michigan University, Convocation Center, Attn: Kara Corwin, 799 N. Hewitt Road, Ste. 309, Ypsilanti, MI 48197

Physical Address: Eastern Michigan University, Indoor Practice Facility, 150 Westview Drive, Ypsilanti, MI 48197

Office: 734.487.5740
Email: kcorwin@emich.edu