



Fletcher Incubator Podcast Studio Rental Request

Renter Information:

Name: _____

Company Name: _____

Address: _____

Phone: _____ Email: _____

Website: _____

Rental Request:

Date: _____ Start Time: _____ End Time: _____ Number of Hours: _____

Total Cost: \$ _____ (Members: \$15/hour, Non-Members: \$30/hour)
(For office use only)

Participants: List the names of all individuals who will be present during the recording session:

Payment and Billing: Billing Address (if different from above): _____

Authorization:

I, _____, hereby authorize Fletcher Incubator to provide the Podcast Studio rental services as specified above.

Name: _____ Date: _____

Signature: _____