

BUCKS COUNTY BAR ASSOCIATION

Room Rental Interest Form

Renter Information

Renter's Name(s):

Firm Name (if applicable):

Email:

Phone:

BCBA Member

Non-Member

Room Information

Date of Rental:

Full Day (more than 4 hrs.)

Half Day (4 hrs. or less)

Start Time of Rental:

End Time of Rental (if Half Day selected):

Purpose:

Anticipated Attendance Count:

Screen Needed:

Yes

No

Handicap Accessibility Needed:

Yes

No

**Please return this completed form to info@bucksbar.org
for availability and pricing information**

Please Note:

Rooms are not considered reserved until full payment and the fully executed Room Rental Agreement are received by BCBA staff.

This form is NOT an Agreement and is for informational purposes only.