



Springfield-Robertson County Joint Airport Board Conference Room Rental Agreement

4432 Airport Road | Springfield, TN 37172
Phone: (615) 985-4432 | Fax (615) 384-2450

This Agreement made and entered on the _____ day of _____, 20____
by and between the Springfield-Robertson County Joint Airport Board and _____
_____, referred to as the "User."

USER'S INFORMATION

Name _____

Organization (as applicable) _____

Email _____

Phone _____ Alt Phone _____

ROOM REQUEST

Jack M. Draughon (JMD) _____ Betty C. Moore (BCM) _____

For JMD, configuration desired _____

DATE REQUEST (primary) _____

Alternate Date(s) _____

Start Time _____ End Time _____

Timeframe identified must abide by policy minimums and include time required for set-up and clean-up.

NAME OF EVENT: _____

Expected Attendance: _____ Purpose of Event: _____

FEE(S)

Room _____ hours X \$50 = _____ + Configuration Fee _____

Total Due _____ Method Paid _____ Date _____

