



CITY OF ST. ROBERT

COMMUNITY CENTER RESERVATION FORM



It is Important to Read this Entire Form Before Filling it Out

GENERAL RULES AND REGULATIONS FOR RENTING FACILITY

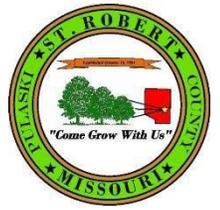
- Reservations are taken on a first paid, first served basis.
- You must be at least 21 years old to rent the facility.
- Reservations are not confirmed until the deposit is paid and all applicable forms are turned in.
- Rental fees can be paid up until the day of the event. If the event falls on a day that the City Offices are closed, the rental fee must be paid by the last business day prior to the event.
- Payment can be taken in Check or Cash form only; deposit and rental fees must be paid separately if paying by check.
- Keys must be picked up on the day of the event from the St. Robert Police Dept. and turned in immediately afterwards to the St. Robert Police Dept. Please provide proof of payment and have your ID present.
- Smoking is not permitted inside the building.
- No decorations may be fastened to the ceiling or light fixtures.
- Do not use tape, tacks or other fasteners on the walls.
- The tables may be decorated with such items as tablecloths, balloons or other freestanding decorations.
- All materials brought into the premises must be flame resistant.
- Simulated smoke machines are not allowed in facility.
- Open flames are not permitted inside or outside of the building.
- Building will remain open for employees to perform maintenance duties.

PLEASE SEE NEXT PAGE FOR DETAILED CLEANING INSTRUCTIONS

RULES AND REGULATIONS FOR SELLING ALCOHOL IN FACILITY

- If alcohol is being sold at the event a **Certificate of Liability Insurance** and a **Liquor License** is required to be filed with the City of St. Robert. You may contact any insurance provider to obtain these documents.
- **Non-Profit Organizations:** only if the alcohol that will be sold has been donated to your organization you are *exempt* from filing the above mentioned forms; however, a **Donation Certificate** will still be required to be filed with the City of St. Robert. This can be obtained from the entity that made the donation.

SEE NEXT PAGE FOR DEPOSIT & RENTAL FEE INFORMATION



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DEPOSIT INFORMATION

- All applicants, including Non Profit Organizations and City Employees, must pay a \$100 security deposit for each usage.
- This deposit guarantees your reservation date and covers damage and clean up of the facility.
- This deposit is refundable; once the facility is checked and approved by the designated City Employee your refund will be mailed to you within a 2-3-week time frame.

Automatic Forfeitures of this Deposit will occur Under the Following Circumstances:

- If the facility is left unsecured
- If there is property damage to the facility, grounds, equipment or furnishings
- If there is trash left in the facility or on the grounds
- If the facility is not cleaned according to cleaning list provided by the end of your reservation
- If the keys are not turned into the St. Robert Police Dept. immediately after your reservation

RENTAL FEE INFORMATION

To qualify for the Non Profit rental rates a 501c3 Form must be provided.

Rental Rates	Rental Rates w/Kitchen	Non Profit Rental Rates	Non Profit Rate w/Kitchen
4 Hours - \$200	4 Hours - \$250	4 Hours - \$100	4 Hours - \$150
8 Hours - \$250	8 Hours - \$300	8 Hours - \$150	8 Hours - \$200
12 Hours - \$300	12 Hours - \$350	12 Hours - \$200	12 Hours - \$250

ASSUMPTION OF LIABILITY AGREEMENT TO HOLD HARMLESS

The applicant assumes the entire responsibility and liability for losses, damages and claims arising out of injury or damage to the applicant's display, equipment and other property brought upon the premises of the City and shall indemnify and hold the City, agents, and employees from any and all such losses, damages and claims.

INSURANCE

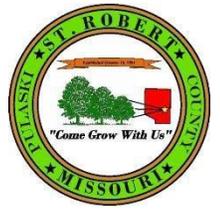
For your protection, you may wish to obtain public liability insurance while using City property to indemnify against loss resulting from bodily injury and property damage. Your Insurance agent can assist you in obtaining this insurance. A copy of the insurance certificate should be filed with the City of Saint Robert. The Applicant acknowledges that the City does not maintain insurance covering the applicant's property and that it is the sole responsibility of the applicant to obtain business interruption and property damage insurance covering such loss by applicant.

AGREEMENT TO ABIDE BY RULES AND REGULATIONS

In the event the applicant is a corporation, association, club, society, or group the person signing this agreement for such entity represents to the City that he/she has full authority to sign such contract and, in the event that he/she is not authorized, that he/she will be personally liable for faithful performance of this agreement. The Terms and Conditions, together with the attached rules and regulations shall constitute a contract between applicant and the City of St. Robert facilities. I understand and plan for the group I represent to apply to all the above and attached rules.

CANCELLATION POLICY

Due to the high demand of the St. Robert Community Center, there will be a 50% deduction of deposits for cancellations less than 72 hours notice.



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Point of Contact Name: _____

Name of Organization: _____

Phone: _____ E-Mail: _____

Address for Deposit Refund: _____

Type of Activity: _____

Non-Profit Charging Admission Alcohol Selling Alcohol? Yes / No

Rental Date: _____ In Time: _____ Out Time: _____
(Time periods MUST include set-up and clean up!)

PLEASE CHECK MARK WHAT YOU WILL BE UTILIZING:

Ball Field Tables# _____ Chairs# _____ Kitchen (\$50 Fee) Stage

Sound System - time needed by: _____
Please Circle the Following: Microphone CD/MP3 Player

Dance Floor (306 Square Feet; *Assembly by Applicant Required*)

Marquee Sign (*Fill out following section*)

Start Date (Up to 2 Weeks Prior to Event): _____ End Date (Date after your event): _____

Message (Please keep as short as possible): _____

In the event of an emergency/disaster the Community Center is the designated Red Cross limited notice. Deposits and rental fees will be returned.

Applicant Signature: _____ Date: _____



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THIS PAGE FOR EMPLOYEE USE ONLY

DEPOSIT:

Amount Paid: _____ Cash/Check #: _____

Summit Date: _____ Summit RCPT#: _____

Received Deposit Signature: _____ Date: _____

RENTAL FEE:

Rental Fee Due: _____ Due Date: _____

Amount Paid: _____ Cash/Check #: _____

Summit Date: _____ Summit RCPT#: _____

Received Rental Signature: _____ Date: _____

MARQUEE SIGN:

Date Created: _____ Created By: _____

REFUND FORM:

Refund Form Completed on _____ by _____

CANCELLATION (if applicable)

This reservation was cancelled on _____ by _____

This reservation was cancelled via:

Telephone

E-mail

In Person