

CITY OF LAKE MILLS
COMMUNITY CENTER USE APPLICATION

TODAY'S DATE _____

1. NAME _____

2. ORGANIZATION _____

3. ADDRESS _____

4. TELEPHONE (HOME) _____

5. TELEPHONE (WORK) _____

6. DATE(S) REQUESTED _____

7. START SET-UP TIME _____

8. END CLEAN-UP TIME _____

9. TYPE OF EVENT _____

10. ESTIMATED NUMBER OF GUESTS/ATTENDEES _____

11. FACILITY REQUESTED (CHECK ALL APPLICABLE):

- _____ HALF COMMUNITY CENTER (RM 157)
- _____ ENTIRE COMMUNITY CENTER (RM 157)
- _____ KITCHEN FACILITIES (RM 155)
- _____ FIRST FLOOR LOBBY (RM 102)
- _____ CONFERENCE ROOM (RM 103)
- _____ CONFERENCE ROOM (RM 231) [MEETINGS ONLY]
- _____ CONFERENCE ROOM (RM 239) [MEETINGS ONLY]
- _____ COUNCIL ROOM (RM 233) [SPECIAL REQUEST, CITY MANAGER APPROVAL REQUIRED]
- _____ OUTDOOR TERRACE

12. NUMBER TABLES REQUIRED _____
(8 INDIVIDUALS PER TABLE MAXIMUM)

13. NUMBER CHAIRS REQUIRED _____

14. WILL ALCOHOLIC BEVERAGES BE SERVED? YES _____ NO _____

15. AUDIO/VISUAL EQUIPMENT REQUIRED:

_____ 35 MM SLIDE PROJECTOR

_____ OVERHEAD PROJECTOR

_____ PORTABLE SCREEN

_____ VCR & TV ON CART

_____ MICROPHONE/PA SYSTEM

_____ CASSETTE RECORDER

I HAVE RECEIVED A COPY OF *COMMUNITY CENTER POLICIES AND PROCEDURES* AND AGREE TO ABIDE BY THE SAME.

Signature of Applicant

16. FEES (TO BE COMPLETED BY COMMUNITY CENTER COORDINATOR AT TIME OF RESERVATION)

_____ ROOM RENTAL FEES

_____ EQUIPMENT RENTAL FEES

_____ \$25.00 OPEN/CLOSE FEE

_____ HOURLY CHARGES (IF REQUIRED)

_____ **SUBTOTAL**

_____ SENIOR/YOUTH 10% DISCOUNT

_____ **SUBTOTAL**

_____ STANDARD RESERVATION FEE

_____ ALCOHOL DEPOSIT FEE

_____ ***TOTAL DEPOSIT FEES***

17. ACTUAL COSTS/FEES (TO BE COMPLETED BY COMMUNITY CENTER COORDINATOR UPON COMPLETION OF EVENT)

_____	TOTAL DEPOSIT RECEIVED
_____	ROOM RENTAL FEES
_____	EQUIPMENT RENTAL FEES
<u>\$25.00</u>	OPEN/CLOSE FEE
_____	HOURLY CHARGES
_____	CLEAN-UP FEES
_____	DAMAGE FEES
_____	TOTAL FEES
_____	AMOUNT OF DEPOSIT REFUNDED
_____	ADDITIONAL CHARGES DUE