

Town of Sedgwick
 PO Box 27; 29 Main Ave
 Sedgwick, CO 80749
 Voice: 970-463-8814

Deposit \$50 collected on: ___ / ___ / ___
 Total Rental Fee \$ _____
 Key date out ___ / ___ / ___. Key # ____
 Key returned on ___ / ___ / ___

Use Application for Community Center

Today's Date: _____ Responsible Person(s): _____

Organization/Party Name: _____

Non Profit Exempt #: _____, Ask if you want a fee waiver form.

Mailing Address: _____ Agency Telephone: # _____

A phone number must be provided where the Responsible Person can be reached:

Home Telephone #: _____ Work Telephone #: _____ Cell Phone #: _____

Email Address: _____

Event (Explain type of event): _____ Is the event Private? or Public?

Events open to Public with Alcohol will need an Events Permit! Will you need a Permit? Yes No

Event Date (s): _____ Time Requested: From _____ to _____

<u>ROOM REQUESTED</u>	<u>Non Profit Rate</u>		<u>Private Party Rate</u>		*1/2 day is 1/2 the price of the daily rate. Note: Deposit charges are separate from the Rental fee, you can write two checks and the deposit check can be shredded once the keys are returned, and inspection is complete.
	Daily / 1/2Day	Total	Daily / 1/2Day	Total	
Dining Hall Only (No Kitchen Equipment)	\$80 / \$40		\$100 / \$50		
Dining Hall & Kitchen w/Equipment	\$120 / \$60		\$200 / \$100		
Kitchen Only w/Equipment	\$85 / NA		\$110 / NA		
Regular Kitchen Use (Two or more days in a calendar month)	\$42 / NA		\$55 / NA		
Will you use sound amplifying equipment? YES NO <input type="checkbox"/> <input type="checkbox"/>					
If yes, explain: _____					

- ✓ Kitchen rate insures use of the oven/stove, small service ware, pots, pans, dishes, dishwasher, freezer/refrigerators.
- ✓ Dining Hall use only is for the dining hall, cleaning supplies and access to water.

Responsible person agrees to the following:

- ___ Initials There is not to be any decorations, posters, notices or other items put on the walls in any rooms or at the pavilion without prior permission from the Town Board of Trustees.
- ___ Initials No smoking in the building at any time.
- ___ Initials Payment in full at the time reservation is made. (Not refundable)
- ___ Initials If there are problems with the facility upon entering the facility for use I will leave a message at Town Hall as to the problem by calling 970-463-8814.
- ___ Initials I agree that any cleanup, repair(s) or replacement(s) caused during use will be deducted from the deposit. Labor billed at \$30.00 per hour/per employee and repair(s) or replacement(s) at cost.
- ___ Initials The user is responsible to acquire all necessary keys during Town Hall office hours prior to use.
- ___ Initials Deposit refunds with explanation of charges against the deposit are held 14 days after the last scheduled day of the event.

Only applicable to Dining Hall only use:

- ___ Initials I agree if the kitchen is used for more than access to cleaning supplies or water, my deposit will be charged for kitchen use.

I agree to the conditions above as indicated by my initials above, and agree to the requirements of the use agreement. Please sign and date.

Print Name of Responsible Person

Signature of Responsible Person

Date

Fee & Deposit Calculation and Acknowledgement of Community Center Use & Conditions

	Fee	x Number	= Total
Dining Hall Only			
Dining Hall & Kitchen			
Kitchen Only w/cook supervision			
Facility Fee Waiver Application Approved			
Reservation is not held until the rates/deposit is paid. Attach Receipt.			Subtotal: _____
Deposits are returned or shredded after you return keys and condition of equipment and/or facility has been inspected.	\$50	1	\$50.00
			Subtotal: _____
Check #:	Cash:	Attach Receipt	Total: _____

Town Hall Use Only

Authorized signature for Town of Sedgwick: _____ Date of Approval: _____

Condition of facility after use: _____

Charges, if any, against deposit: _____

Deposit Refund Date: _____ Check #: _____ Other: _____