



# Charlevoix Conservation District Community Resource Room

## Application for Use

Name of Group, Business or Individual \_\_\_\_\_

Fee Based (\$25/hr, \$50/half day, \$75 full day, plus \$100 refundable deposit)

Not-for-Profit Group (Certified 501C3)

Alcohol-Use (Will alcohol be brought in & served?)

*If yes, certificate of insurance must be provided naming the Charlevoix Conservation District as additionally insured. Please refer to alcohol policy.*

Alcohol-Use Approved by District Staff & Board

Total fee(s) for Reservations: \_\_\_\_\_

Reservation Date(s): \_\_\_\_\_

Time of Reservation: Start \_\_\_\_\_ End \_\_\_\_\_ (Make sure to include set up & clean up time)

Name of Group: \_\_\_\_\_

Type of Activity: \_\_\_\_\_ (Meeting, private event, workshop, etc.)

Expected Attendance \_\_\_\_\_

Contact Person: \_\_\_\_\_ Day/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Equipment or Technology Needed: (Room includes Smart TV with HDMI hook up, no laptop available) YES / NO

**\*\*Signing this application form constitutes acknowledgement of & signature on the meeting room policy and the applicant's responsibility for the care and maintenance of the meeting room and equipment used\*\***

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

- District Office Use Only – Do not write below this line -

Fees Received: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Refund Authorization: ( ) Refund ( ) No Refund Staff Initials: \_\_\_\_\_