



Room Rental Use Application

\$100 security deposit is required to rent a room and is refundable, if you leave by the contracted time with no damage to facility.

Community Center

Blue Room & Robert Smith Room
Capacity- varies based on set-up

***Note:**

CANCELLATIONS 14 DAYS BEFORE THE EVENT RECEIVES THE FULL REFUND LESS A \$15.00 PROCESSING FEE, IF LESS THAN 14 DAYS PRIOR TO THE EVENT, YOU LOSE YOUR ENTIRE DEPOSIT.

All facilities may be reserved up to 1 year in advance.

Any special needs or set up arrangements must be presented to FPD for approval.
Please include a room set up diagram.

All decorations must be removed. Balloons, Posters, Backdrops, etc...

In the event that you fail to do so, your security deposit will be forfeited.

Initial by the X _____

Renter Name: _____

Organization: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Describe your event: _____

Is your event a fundraiser? Yes _____ No _____
(If yes, prior permission is required from Board of Commissioners)

Will you be serving food or refreshments? Yes _____ No _____

Number of people attending: Adults _____ Children _____

Name of park or facility requested: _____

Date: _____ Day: _____ Start Time: _____ End Time: _____

#Tables _____ # Chairs _____

(Please complete a room setup diagram)

FOR OFFICE USE ONLY

Base Rental Fee \$ _____ hours _____ rate \$ _____

Security Deposit: \$ _____

Kitchen Fee: \$ _____

Ranger: *(required for 100 or more people, 2nd ranger required 200 people)* \$ _____

Total amount due: \$ _____

Receipt # _____ Amount Paid: \$ _____

DATE	BALANCE DUE	BALANCE DUE DATE	RECEIPT#	PAYMENT

The undersigned agrees to the regulations and policies of the Foss Park District and assumes full responsibility for the facilities used, and assumes all liability for his/her participants and holds harmless the Foss Park District, its Commissioners, its staff, and their family and heirs. Cancellations 14 days before the event receives the full refund less a \$15 processing fee, if less than 14 days prior to the event, you lose your entire deposit. Proof of residency is required.

Signature of responsible person (must be 21 years of age): _____

Date: _____ TIME: _____

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Request approved by: _____
Foss Park District Date