

# CCCCF Function Reservation Form

**Function Date:** \_\_\_\_\_

CCCC Member: Yes / No

Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Number Attending: \_\_\_\_\_

**Event Name / Description:** \_\_\_\_\_

Today's Date: \_\_\_\_\_ Reservation Taken by: \_\_\_\_\_

<u>Contact Person</u>	<u>Company Name or Billing Address</u>
Name _____	Name _____
Address _____	Address _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____
Phone No. _____	Phone No. _____
Email _____	Email _____

**Room Arrangement**

Meeting Room #1	Meeting Room #2	Congregate Meal Room	K i t c h e n
-----------------	-----------------	----------------------	---------------------------------

Special Notes: \_\_\_\_\_

Extras: Flip Chart \_\_\_\_ \$5.00 TV/VCR \_\_\_\_ or Projector \_\_\_\_ or Screen \_\_\_\_ \$10.00 each  
 Coffee \_\_\_\_ and Tea \_\_\_\_ \$ 5.00 up to 20 people  
 \$10.00 up to 30 people  
 \$15.00 30 or more people

Rental Fee \_\_\_\_\_

Paid: Cash \_\_\_\_ Check \_\_\_\_ CC \_\_\_\_

Extras Fee \_\_\_\_\_

Paid Date: \_\_\_\_\_ Staff initials: \_\_\_\_\_

Total \_\_\_\_\_

## Facility Policies for Center Use

I. Functions must be booked in advance of the function so that planning/set-up can be accomplished.

II. Fees for the facility (up to 4 hours) are as follows:

	Member	Non-Member
--	--------	------------

1. Meeting Room #1 (18'6" x 35') .....	\$ 30	\$ 50
2. Meeting Room #2 (18'6" x 35') .....	\$ 30	\$ 50
3. Congregate Room (37' x 35') .....	\$ 50	\$ 75
4. Meeting Room #1 & #2 (37' x 35') .....	\$ 60	\$ 85
5. Meeting Room #1, #2 & Congregate.....	\$ 85	\$ 125
6. Kitchen.....	\$ 45	\$ 70
7. Kitchen and Meeting Room #1 or #2.....	\$ 65	\$ 95
8. Kitchen and Meeting Room #1 & #2.....	\$ 85	\$ 125
9. Kitchen and Congregate Room.....	\$ 85	\$ 125
10. Meeting Room #2 & Congregate Room.....	\$ 70	\$ 100
11. Kitchen, Congregate Room & Meeting Room #2.....	\$ 110	\$ 150
12. Kitchen, Congregate Room & Meeting Rooms #1 & #2...	\$ 130	\$ 180
13. ½ Gym – Members		½ Gym – Non-Members
\$12/1 hour \$24/3 hours		\$24/1 hour \$48/3 hours
\$18/2 hours \$30/4 hours		\$36/2 hours \$60/4 hours
Full Gym – Members		Full Gym – Non-Members
\$24/1 hour \$48/3 hours		\$48/1 hour \$96/3 hours
\$36/2 hours \$60/4 hours		\$72/2 hours \$120/4 hours
14. Complete Building.....		Rate Negotiable

III. One person will be designated responsible for your function. He or she will be held accountable for all charges associated with the function.

IV. Persons attending the function are restricted to the area(s) reserved except for entry/exit and bathroom use. Under no circumstances are individuals to use the upstairs facility or the gym unless prior arrangements have been made.

V. Please use designated entrance doors with emergency exits being used for emergencies only.

VI. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE Cheyenne County Community Center Foundation, Inc., their officials, officers, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used for the activity ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by law.

VII. **SMOKING** is not permitted anywhere in the Center.

VIII. **ALCOHOLIC BEVERAGES** are not permitted in the Center.

IX. Pets are not allowed in the Center.

X. The Center is not responsible for lost or stolen articles.

XI. Please bring any questions or problems to the Center Staff's attention.

\*\* Payments may be made the day of the function, or user may be billed. Arrangements should be made when booking the function.

\*\* A \$25 fee will be charged if functions are cancelled less than 24 hours in advance.

\*\* If a function is to be held after normal operating hours, the event must be approved by the Center Director. If approved, an additional fee will be charged for the wages of the Center staffing.

**I understand the policies and procedures of the Center, and will comply with these rules.**

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Renter's Signature

\_\_\_\_\_  
Date