

CITY OF DEWITT – COMMUNITY ROOM USAGE APPLICATION

414 East Main Street, DeWitt, MI 48820

517-669-2441

Please Print:

Contact/Billing Person: _____ Birthdate: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Date of Reservation Requested: _____

Activity/Event Type: _____

Event Start Time: _____ Event End Time: _____ (Please include time for setup/tear down)

Estimated Number in Attendance: _____

Please note: tables and chairs can be provided for up to 130 guests – maximum capacity

Non-Profit Organization: Yes _____ No _____. If yes, provide proof of current non-profit status (M-Thurs from 10 am – 6 pm, 2-hours no-charge, applicable hourly rate for events longer than 2-hours)

Room Fee: \$20/hr. Resident Rate _____ \$40/hr. Non-Resident Rate _____

- The first 2 hours are billed at \$20 for residents and \$40 for non-residents. Each hour thereafter will be billed at the applicable hourly rate (\$20/hr resident and \$40/hr non-resident).

Security Deposit - \$150.00 Due at time of reservation (refundable)

Equipment Available: 18 Six-foot round tables, 3 eight-foot rectangle tables, 130 chairs, microphone, audio, T.V. video:

Equipment Needed (Please List): _____

REFUNDS

Full Refunds can be authorized 30 days prior to cancellation of event date. If event is cancelled inside of 30 days, a \$20 administrative fee will be applied.

Cancellations - All fees will be fully refunded should an event be cancelled by the City of DeWitt.

Full amount of balance due four (4) days prior to event date.

Cash, Check, and Credit/Debit Card accepted

By signing this Application, the Corporation, Organization or Individual (“User”) identified above acknowledges that it has read and agrees to the terms of the Community Room Rental Policy. The User also agrees to indemnify and hold harmless the City of DeWitt, its agents, employees, officers and representatives, from any and all suits, actions, claims, or demands of any character or nature arising out of or brought on account of any injuries or damages sustained by any person as a consequence or result of the use of the Community Room, its furnishings or equipment by the User or any person attending the User's meeting. The User also agrees to pay for any damage

caused by its use of the Community Room. If signing on behalf of a Corporation or Organization, the person signing this Application agrees that he/she has authority to sign on behalf of the Corporation or Organization.

The group shall file with the City, proof of a general liability and standard property damage insurance policy, a minimum of fourteen (14) days prior to the event date. Such policy shall be provided at the group's expense and insure the group and name the City of DeWitt and its agents as an additional insured against such liability imposed on such group and/or the City of DeWitt arising from injury or damage. Such policy shall provide for no less than the payment of up to the denoted amount in the event of injury to or death of one or more persons; for all damages arising out of injury to or destruction of property in any one occurrence due to acts or omissions of the group or its members. Policy limits shall be set at no less than \$5,000,000 per occurrence.

The policy of insurance shall be written by an insurance company authorized to do business in the State of Michigan. A certificate of the insurance shall be filed with the City Clerk, subject to prior review and approval by the City's legal counsel. The certificate shall have endorsed therein the City DeWitt and its agents as an additional insured. All insurance and certificates shall include an endorsement providing for not less than thirty (30) days prior written notice to the City Clerk of termination, expiration or material change of terms of the insurance.

Name of responsible person: _____ Title (if applicable): _____

Signature: _____ Date _____

For Office Use Only

Reservation Taken By/Date: _____ Date of Reservation: _____

Deposit Check #: _____ Security Deposit: _____ (refundable upon room inspection by City)

Total Amount Due: _____ Payment Date: _____ Cash/Check/Credit: _____

Office Notes:
