

AMUNDSON COMMUNITY CENTER - USAGE REQUEST APPLICATION
 PLEASE RETURN TO 200 SPRING ST. P.O. BOX 99 CAMBRIDGE, WI 53523
 PHONE (608) 423-3712

APPLICANT OR ORGANIZATION

Contact Name:
 Address:
 Phone:

BLOCK TIMES FOR RENT: 8:00AM - 12:30PM 12:30PM - 5:00PM 5:00PM - 10:00PM

EVENT

Date of Event:

START: _____ **END:** _____

Room (s) applying for: **COMMUNITY SENIOR KITCHEN**

Describe What Room Will b Used For:

Number of Participants expected:

THERE ARE APPROXIMATELY 10 RECTANGLE TABLES AND 60 CHAIRS AVA (MORE UPON REQUEST)

BLOCK TIMES FOR RENT: 8:00AM - 12:30PM 12:30PM - 5:00PM 5:00PM - 10:00PM

GROUP 1:	Government, Library Activities	No Charge
GROUP 2:	Community Non-Profit Organization or One Time	\$50 Annual Fee Per Organization
GROUP 3:	Community Individual Request	\$50 Per Block
GROUP 4:	Community For-Profit Group/Business	\$100 Per Block
GROUP 5:	Out-of-Community Non-Profit Group / Individual	\$100 Per Block
GROUP 6:	Out-of-Community For Profit Group / Individual	\$100 Per Block

SECURITY DEPOSIT - REQUIRED BY ALL \$250 REFUNDABLE
KITCHEN FEE \$50 FLAT FEE

NOTE: After hours charges will apply to any of the groups or activities at a \$10 per open or close (including non-profit groups).

****UPON COMPLETION OF YOUR EVENT: PLEASE RETURN ROOM TO THE STANDARD SET UP, AS IT WAS WHEN YOU ARRIVED** THANK YOU!**

AGREEMENT

I, representing the above renter, have reviewed the attached rules and understand them. Certain terms above are defined in the rules. I also understand that damages in excess of the security deposit are the responsibility of both the organization and me. The rental fee is due the date I sign this contract and is not refundable. The security deposit is due 7-10 days prior to the event. Checks given for payment will be cashed; any returned checks will cancel this contract.

SIGNATURE _____ **DATE** _____

TOTAL FEE DUE \$ _____ + SECURITY DEPOSIT: \$250.00