

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

**** KEYS NEED TO BE PICKED UP THE LAST BUSINESS DAY BEFORE YOUR EVENT. PLEASE CALL TO CONFIRM A PICK UP TIME! AFTER YOUR EVENT,
PLEASE LEAVE THE KEY IN THE LOCKBOX OUTSIDE THE DOUBLE DOORS!

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 be Used For: _____

Number of Participants expected: _____

THERE ARE APPROXIMATELY 10 RECTANGLE TABLES AND 60 CHAIRS AVAILABLE

(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 Club 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 - IF KEYS ARE NOT RETURNED, THE DEPOSIT WILL BE USED TO RE-KEY THE BLDG

\$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 \$ _____ + A SEPARATE CHECK FOR SECURITY DEPOSIT: \$250.00