

APPLICATION AND PERMIT FOR ROOM RENTAL

City of Farmington Hills
 William Costick Activities Center
 28600 Eleven Mile Road
 Farmington Hills, MI 48336
 (248) 473-1800



FACILITY MUST BE LEFT IN THE SAME CONDITION AS IT WAS FOUND

Date requested _____ to _____ Time _____ to _____

Specific day(s) requested _____

Room(s) requested:

Shannon Wexford Wexford A Wexford B Gymnasium Belfast

Dunmore Pool Other

Organization/Person making request _____

Address _____ Home Phone _____

_____ Bus. Phone _____

Rental Representative _____ Home Phone _____

Brief description of activity _____

Number of participants _____ Number of Farmington Hills Residents _____

Will food/beverages be served? Yes No

Will there be an admission charge or other fees? Yes No

Will a particular set-up of furnishings or supply of equipment be required?
 Yes No (If yes, please draw a diagram on the room set-up sheet and check the appropriate boxes)

<p>Table Configuration:</p> <p><input type="checkbox"/> U-Shape <input type="checkbox"/> Conference</p> <p><input type="checkbox"/> Classroom <input type="checkbox"/> Banquet</p> <p><input type="checkbox"/> Theater <input type="checkbox"/> Other</p> <p># of Tables _____</p> <p># of Chairs _____</p>	<p>Audio Visual</p> <p><input type="checkbox"/> TV/VCR - \$20</p> <p><input type="checkbox"/> Projection screen - \$10</p> <p><input type="checkbox"/> Overhead projector - \$15</p> <p><input type="checkbox"/> Lectern/Podium - \$5</p> <p><input type="checkbox"/> Microphones - \$10</p> <p><input type="checkbox"/> Dry – erase board - \$10</p> <p><input type="checkbox"/> Easels - \$5</p> <p><input type="checkbox"/> Flip chart w/ pad - \$10</p>	<p>Other</p> <p><input type="checkbox"/> Tablecloths - \$5 _____</p> <p><input type="checkbox"/> Table Skirts - \$10 _____</p> <p><input type="checkbox"/> Staging - \$10</p> <p><input type="checkbox"/> Coffee Pot (100 cup) - \$5</p> <p><input type="checkbox"/> Stanchions - \$10</p> <p><input type="checkbox"/> Piano - \$50</p> <p><input type="checkbox"/> Other _____</p>
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THE CENTER IS NOT RESPONSIBLE FOR PROVIDING EQUIPMENT/SERVICES NOT REQUESTED

Organization/individual agreement to adhere to rules and regulations:

a) I have read the reverse side of this form and agree to adhere to the rules and regulations of the Costick Activities Center.

b) Release and Hold Harmless Agreement (see reverse side).

c) It is understood that the total rental fee (including damage deposit) shall be \$ _____.

MAKE CHECKS PAYABLE TO THE DEPARTMENT OF SPECIAL SERVICES

Applicant Signature _____ Date _____

NO RESERVATION IS COMPLETED OR BINDING UNTIL FEE IS PAID

OFFICE USE ONLY

Approved by _____

Disapproved by _____ Title _____ Date _____

Rental fee for time indicated and equipment requested is \$ _____

Including damage deposit of _____ Total _____

Initial payment due for rental (50% minimum) is \$ _____

Date rec'd _____

Balance due _____ Balance due date _____

The damage deposit will be returned within 10-14 working days once The Center determines that no charges are due and no damage occurred.