



# Charlevoix Conservation District Community Resource Room

## Application for Use

Name of Group, Business or Individual \_\_\_\_\_

- Fee Based
- Not-for-Profit Group (Certified 501C3)
- Alcohol-Use (Will alcohol be brought in & served?)
- Alcohol-Use Approved by District Staff & Board

*If yes, certificate of insurance must be provided naming the Charlevoix Conservation District as additionally insured. Please refer to alcohol policy.*

Total fee(s) for Reservations: \_\_\_\_\_

Reservation Date(s): \_\_\_\_\_

Time of Reservation: Start \_\_\_\_\_ End \_\_\_\_\_ (Make sure to include set up & clean up time)

Name of Group: \_\_\_\_\_

Type of Activity: \_\_\_\_\_ (Meeting, private event, etc)

Expected Attendance \_\_\_\_\_

Contact Person: \_\_\_\_\_ Day/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Equipment or Technology Needed: (We are in process of acquiring technology, projector available at this time only)

**\*\*Signing this application form constitutes acknowledgement of & signature on the meeting room policy and the applicant's responsibility for the care and maintenance of the meeting room and equipment used\*\***

**Applicant Signature:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

- District Office Use Only – Do not write below this line -

Fees Received: \$ _____	Date: _____	Staff Initials: _____
Refund Authorization: ( ) Refund ( ) No Refund		Staff Initials: _____