



Howell Area Parks & Recreation Authority
925 W. Grand River Ave.
Howell, MI 48843
517.546.0693
Fax: 517.546.6018
www.howellrecreation.org

Room Rental Application

Date _____

Contact Name _____

Company Name or Organization _____

Tax ID (if Non-profit) _____

Mailing Address _____

City/State/Zip Code _____

Residency:

City of Howell Oceola Township Genoa Township Marion Township Other _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ E-mail _____

Please indicate which Facility and Room(s) you would like to reserve:

Bennett Recreation Center

Large Room and Kitchen

Small Meeting Room

Barnard Community Center

Room 1

Teen Center (A Security Deposit is also collected when using the Teen Center)

Room 2

Room 3

Room 4

Room 5

Type of Event:

- Business Meeting
- Family or Friends Gathering
- Luncheon or Dinner
- Celebration (Birthday, Shower, Graduation, Wedding)
- Trade Show
- Concert
- Exhibit
- Sports Event or Registration
- Flea Market/Garage Sale
- Church
- Political Gathering
- Other _____

Total # of Attendees _____ **Breakdown of Attendance: Youth** _____ **Adult** _____

Dates of Event (up to 12 single events or recurring events can be requested on one application)

(time should include set up and clean up which will be used to calculate your total time and rental fee. You will be asked to sign in when you arrive and sign out when you leave. If you go over this time or show up earlier for set up, you will be invoiced for additional time.)

DATE: _____ Event Time: _____ am/pm to _____ am/pm

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Please check if the event will involve any of the following:

- On-site event publicity
- Bingo Games or other gambling enterprises
- Public Dance/Performance
 - Live music DJ
- Amplified Sound
- Fee to be charged for event/entry fee
- Use of animals
- Open to the public
- Inflatables or tents (exterior only)

Equipment Needed:

- | | | |
|--|--|--|
| <input type="checkbox"/> TV | <input type="checkbox"/> CD Player | <input type="checkbox"/> LCD projector |
| <input type="checkbox"/> VCR | <input type="checkbox"/> Tables # _____ | <input type="checkbox"/> Choir Platform (3 sections) |
| <input type="checkbox"/> DVD Player | <input type="checkbox"/> Folding Chairs # _____ | <input type="checkbox"/> Internet Access |
| <input type="checkbox"/> Podium | <input type="checkbox"/> Brown Stacking Chairs # _____ | <input type="checkbox"/> Coffee Urn (30 cup) |
| <input type="checkbox"/> Microphone | <input type="checkbox"/> Portable Microphone | |
| <input type="checkbox"/> Piano | <input type="checkbox"/> Place settings # _____ | |
| <input type="checkbox"/> Projection Screen | <input type="checkbox"/> Overhead Projector | |

Food

Please indicate if food or beverages will be: served sold

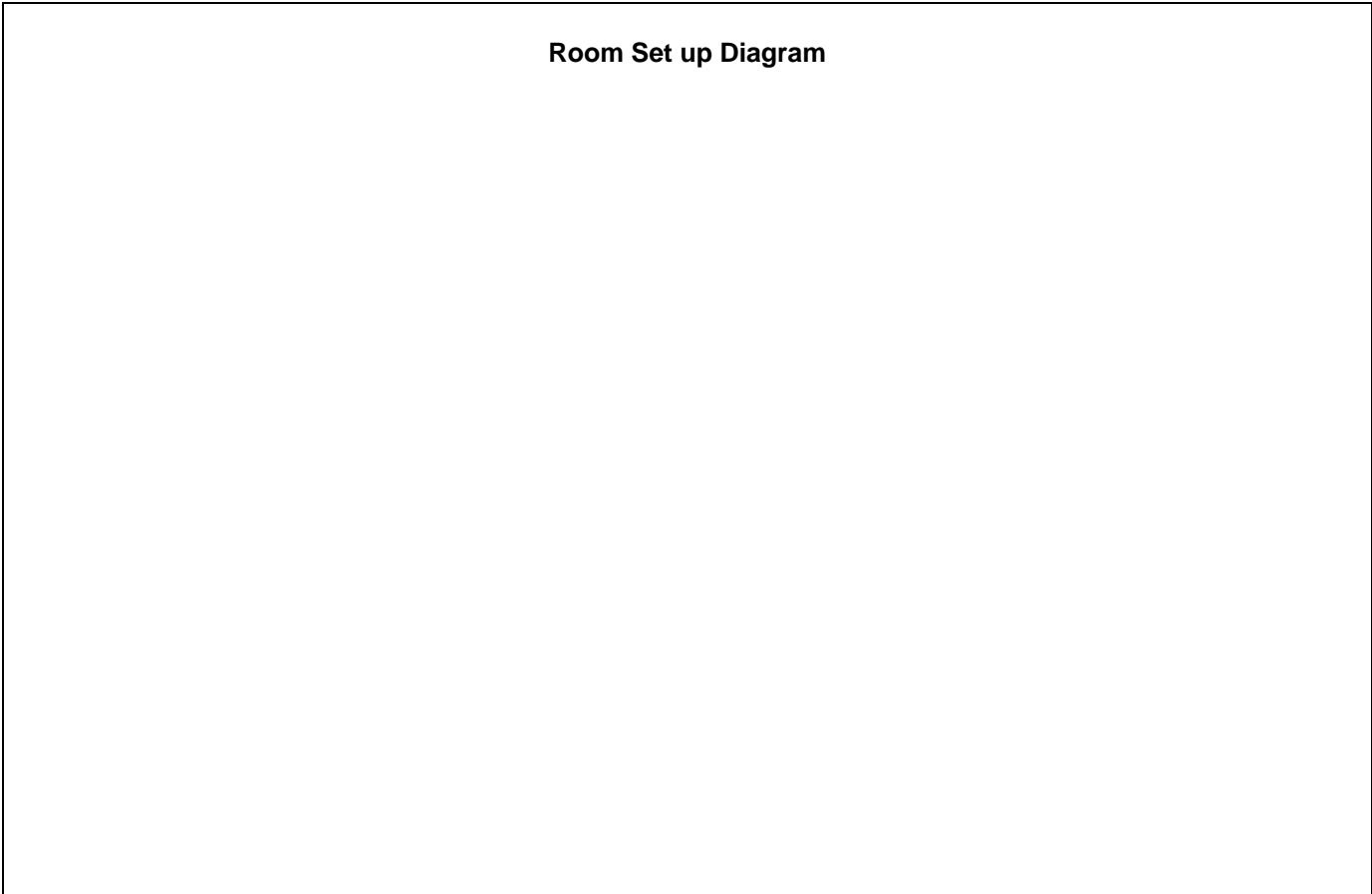
I understand that a temporary food license is required if the event is open to the public and food will be served or sold. Initial _____

Smoking

I understand that smoking is not permitted at any time at either of our facilities, and I will be responsible for informing the participants of that policy. Initial _____

Room Set Up:

- Banquet/Shower/Party (seating on all sides of tables)
- Lecture/Seminar (head table with just seating)
- Classroom (seating on one side of table)
- Other _____



Hold Harmless, Responsibility

I understand that I shall be held responsible for any and all loss, accidents, injury or damage to persons or property which results from this activity. I, the undersigned applicant, agree to the fullest extent permitted by law and regardless of the Howell Area Parks & Recreation Authority's passive negligence to release, indemnify, hold harmless and defend the Howell Area Parks & Recreation Authority and their officials, officers, agents, employees and volunteers ("indemnitees") from and against any and all claims, demands, losses, damages, failure to comply with any current or prospective laws, defense costs or liability of any kind or nature (including attorney fees and expert witness fees) which indemnitees may sustain or incur or which may be imposed upon them for injuries to or death of persons, damage or injury to property as a result of, arising out of, or in any manner connected with this activity.

I have read and understand the terms and conditions of use as outlined in this application. I acknowledge and accept responsibility and agree to abide by all the **Rules and Regulations** of facility use that were given to me.

Signature of Applicant or Representative _____ Date _____

Print Name of Applicant or Representative _____

Day of Event Contact Person _____ Phone (____) _____

Payment Method

Cash Check # _____ Mastercard Visa American Express

Credit Card Number _____ Expiration Date _____

Signature _____

For Office Use Only

Date Received _____ By _____

Payment Received: Cash Check Credit Card

Application is Approved Denied By _____ Date _____

Certificate of Insurance

Temporary Food Service Permit

Copy to Building Supervisor _____(date) Entered into Computer _____(date)