

Application to Reserve Facilities
Adams County Community Center
 569 N. Cedar Street, Adams, WI 53910 (608) 339-4237
 FAX: (608)339-4266 E-mail: CommCtr@co.adams.wi.us

Event # _____

PLEASE READ THE ADAMS COUNTY COMMUNITY CENTER FACILITY USE POLICY BEFORE COMPLETING

Applicant Information	Name		Drivers License (Required)	
	Address		Email Address	
	City	State	Zip Code	
	Home Phone	Day Phone	Cellular Number	Fax Number
	Company/Organization Name & Department			
	Company Address/City/Zip		Company Phone Number	
	Is your group/organization a non-profit Yes ___ No ___ Non-Profit Number:			

Note: You must provide the current non-profit status document with this application.

Event Information	Event Date	Day of Week	Event Start Time (include set-up)	Event End Time (include clean-up)
	/ /			
	Multiple Dates? (List dates, day of the week and times, attach additional page if necessary)			
	What type of event are you having? <input type="checkbox"/> Meeting <input type="checkbox"/> Seminar <input type="checkbox"/> Private Party <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other; Explain in Detail:			
	Select which Category applies to your event. <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit Organization with a valid 501(c)3 <input type="checkbox"/> Private <input type="checkbox"/> Church <input type="checkbox"/> School <input type="checkbox"/> Business			

What is the maximum number of people you expect to attend?

Will there be food/beverages at the event? Yes ___ No ___ Will it be catered? Yes ___ No ___
 Will you need use of the kitchen? Yes ___ No ___ (There is a fee and an extra deposit for use of the kitchen)

In the event that assistance is needed after hours i.e. circuit breaker tripped, contact the Adams County Sheriff's Department at 608-339-3304.

Permission for use of the facility is granted upon the condition that all rules governing use of Adams County Community Center facilities will be followed. Permission may be revoked at any time for failure to do so, and the group or individual will forfeit all fees paid.

Initial _____ In case of emergency or for reasons beyond the Community Center's control, the Community Center reserves the right to cancel the scheduled event prior to scheduled use without liability. Refunds will be made if cancellation by the Community Center is necessary.

Initial _____ I understand that use of the building is restricted to the room(s) assigned. Every effort will be made to provide the room requested, however, if necessary, Adams County Community Center reserves the right to move a meeting or session to a more suitable size room.

Initial _____ Deposits are refunded according to the condition of the room after use. Tables should be wiped clean, any spills cleaned off the floor and all trash picked up, bagged and taken to the dumpster located outside. Any fees paid by check less than 60 days prior to the event may delay the refund up to 8 weeks.

Note: Deposit and refunds will be processed within 2weeks after the event cancellation or event provided that the building is cleaned, and restored to its condition immediately prior to the activity.

Initial _____ I hereby attest that the forgoing information is true and correct, and that should any of the information be found to be false or should any conduct by myself, participants or guests not be as described in the application, or should any applicable City, County, State or Federal rules, regulations, codes or laws be violated, said reservation will be deemed null and void and any activity associated with this reservation will immediately cease and the event will be cancelled.

Initial _____ The above-named organization or individual(s) agree to indemnify and hold harmless, the County of Adams from all liabilities, damages, demands, claims, causes of action or judgments and all reasonable expenses, including attorney's fees and costs, incurred in investigation or defending same, for injury to any person, loss of life, or damage to property arising from, or by the use and occupancy of, the facilities herein described by said organization or individual.

Initial _____ I have received, read and agree to abide by the Adams County Community Center Facility Use Policy dated 8/10/10.

Signature of Applicant

Date

Staff Initials

Date

FOR OFFICE USE ONLY

Date of Application: _____ **Received by:** _____

Fee Category: Group 1 Group 2 Group 3 **Room(s) Assigned:** _____

Room Use Fee: _____ **Paid by:** Cash Check No. _____

Sales Tax: _____

Deposit Fee: _____ **Paid by:** Cash Check No. _____

Receipt No. _____

Deposit Returned: Y/N If No, attached explanation **Date:** _____

Additional Conditions and/or Comments:

Application Approved: _____

Application Not-Approved: _____

Date: _____