

Facilities Application

907 Douglas Street Longview, WA 98632
360-423-6741



REQUEST FOR USE: ___ *Gymnasium* ___ *Classrooms* ___ *Family Room*

Name of Event: _____

Description of Event: _____

Sponsoring Organization/Individual: _____

E-Mail address: _____

Address: _____ Phone: _____

Contact Person: _____ Address: _____ Phone: _____

Day & Date of Event: _____ Anticipated Attendance: _____

Actual Event Time: from _____ to _____ Entrance Time for setup: _____

If this is a recurring event specify days/dates/times/date range: _____

Recurring events must be resubmitted and approved every three months.

Will food be served? _____ Describe/explain: _____

Will an admission fee be charged? _____ If so, amount \$ _____

Organization/Person Responsible for payment and liability: _____

No reservation is confirmed until this form is approved and returned with payment.

Completed rental forms must be submitted a minimum of two weeks prior to the event. Failure to fully complete the rental forms will result in delayed confirmation of your event. Once the request is approved or denied, a copy of the rental form and a statement of charges will be returned to the applicant.

All organizations are required to pay the full amount to be charged for the event, at least two weeks prior to the scheduled date.

Food and beverages will only be allowed in designated areas to be defined prior to use.

Organizations are required to clean up after all events. All garbage must be bagged and removed. All leftover food and beverages must be removed. Failure to do so will incur an additional charge.

Rental fees

Use that serves the community in a helpful manner: \$35 per hour; plus \$25 insurance fee.

Use for private or commercial purpose: \$70 per hour; plus \$25 insurance fee.

Classrooms: \$10 per hour.

Family Room: \$25 per hour.

After hour charges: \$20 per hour staff to be present.

Some special uses may be charged on a per person basis.

Any fee reduction requests must be submitted in writing.

Alcohol, drugs and smoking are not allowed on the property.

Return this form to Link Main Office

Calendar _____
Scan _____

To be completed by office

Name of Event: _____

Are dates requested available on calendar: yes no (specify conflict) _____ Staff signature: _____
ED approval to reschedule conflict: _____Cleaning/Damage Deposit: \$ _____ (\$100 minimum based on the event)
Refundable

Hours of actual event: _____ x \$ _____ = \$ _____

Insurance required (\$25.00 per use) \$ _____

Staff charge: \$ _____

Total Due: \$ _____

Signature/approval of YFL: _____ Date: _____

Signature of person responsible for use: _____ Date: _____

By signing this form you acknowledge agreement with the stated fees, that you have read and understand the INFORMATION AND POLICIES and will abide by all stipulations set forth in this document. The responsible party acknowledges that Youth and Family Link, or any associated company, will not be held liable for any injury, damage or other detrimental effect to the users of the facilities. *Alcohol, drugs and smoking are not allowed on the property. Renters are required to complete the Gym Usage Form for each use and return to the main office.*

Reservation is only confirmed when full payment is received and renter has this form completed and signed by both parties.

Office Use Only

ATTACHMENTS:

____ Certificate of Insurance attached: yes YFL insurance

____ Payment attached: Amount \$ _____ Check # _____ Cash Date received: _____

____ ED signature--Staff present for event: _____ OR key/code given and Code Form completed: _____

____ Gym Reservation Checklist

____ Gym Use Form

____ Scanned and given to bookkeeper