



# Room Reservation Request Form

Person/Organization: \_\_\_\_\_

Request Date: \_\_\_\_\_

The undersigned hereby makes application for use of the Rock Lake Activity Center facilities:

Room(s) Requested: \_\_\_\_\_

# Expected Attendees: \_\_\_\_\_

Date(s) Desired: \_\_\_\_\_

Time(s) Desired: \_\_\_\_\_ to \_\_\_\_\_

Explain, in detail, the activity to be held:

\_\_\_\_\_  
\_\_\_\_\_

Will admission be charged? YES NO

Is the organization a non-profit? YES NO

Equipment Needed: \_\_\_\_\_

The person/organization requesting the use of the Rock Lake Activity Center (RLAC) facilities hereby absolves the Board of Directors or any employee of any liability for personal injury resulting from the use of the RLAC facilities. The person/organization is responsible for cleaning the facility areas used, returning any equipment to its storage areas and agrees to be responsible for any property damage or cleaning that result during the use of facilities. The person/organization must adhere to the posted rules of each room use. **NOTE: Alcohol and tobacco products are strictly prohibited from all the RLAC facilities and grounds. Cancellations less than two weeks prior to the event will be charged a set-up fee (amount of deposit).** The RLAC does not discriminate on the basis of race, color, gender, religion, ancestry, national origin for disability.

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

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Signature of Applicant: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Room Approved for use: \_\_\_\_\_

<i>For Office Use Only</i>	
Rental Fee:	\$ _____
Deposit:	\$ <u>50</u>
Total Due:	\$ _____
Deposit due upon approval of application and returned after use Total amount due upon date of use	

### Room Rental Fees

	Non-Member	RLAC Member
Half-Day (4 hours)	\$75	\$50
All Day (8 hours)	\$100	\$75
Friday-Sunday	Add \$25	Add \$25

*It is the mission of the Rock Lake Activity Center to positively affect the health and wellness of the community through quality programming and activities.  
"This institution is an equal opportunity provider."*