

Crosslake Community Center Reservation Request Form

Crosslake Parks and Recreation Department (218) 692-4271
14126 Daggett Pine Rd., Crosslake, MN 56442

Name: _____ Home Phone: _____ Day Phone: _____

Address: _____ City: _____ State _____ Zip _____

Email Address: _____

Organization/Company: _____ Phone: _____

Date of Event: _____ Estimated Attendance: _____

Description of Event: _____

Room Requested:

Meeting Room #1 _____ Room #2 _____ Room #3 _____ Gym _____ Kitchen _____
Times: Start (Including Set-up) _____ End (Including Take -down) _____

***If Securing After Hours:** I have read and agree to the After Hours Fee on the Fee Schedule:
Please Initial _____

If Securing Set-up: Number of chairs requested: _____
Number and type of tables requested: _____ Banquet _____ Card _____

Hold Harmless Agreement: I understand that the use of the Crosslake Community Center (CCC) is voluntary and that I am using it for my benefit only. I agree that my use of the CCC facility is undertaken at my own risk and that the City will not be liable for any claims, injuries, damages of whatever nature incurred by me or members of my organization due to the negligence of members of my organization, or the negligence of third parties. On behalf of myself and the organization that I represent, I expressly forever release and discharge the City, its' agents or employees, from any such claims, injuries, or damages of whatever nature arising out of or connected with my use of the CCC. I also agree to reimburse the City for any damages, breakage, maintenance or theft of equipment or property if so warranted. **By signing this agreement, I acknowledge my understanding of the hold harmless agreement, following fee schedule, deposit policy, indemnification, and usage policies.**

Signature of applicant or organization representative _____ Date _____

Parks and Recreation Director or City Designee _____ Date _____

***FOR OFFICE USE ONLY**

Deposit: (separate check)	\$ _____	\$50.00/Room \$100.00/Gym	Date Received: _____
Room #1:	\$ _____	_____ Hrs. @ \$ _____	
Room #2:	\$ _____	_____ Hrs. @ \$ _____	
Room #3	\$ _____	_____ Hrs. @ \$ _____	
Gym:	\$ _____	_____ Hrs. @ \$ _____	
Kitchen Fee:	\$ _____	\$11.00 (Flat Rate)	
Set Up/Take Down Fee:	\$ _____	\$10.00 (Up to 6 Tables/25 Chairs)	
Extra Set Up Fee:	\$ _____	_____ Tables @ \$3.00 / _____ Chairs @ \$1.00	
After Hour Fee:	\$ _____	_____ Hrs. @ \$20.00/hr.	

*All Fees Include Tax

TOTAL AMOUNT DUE \$ _____ Date Received: _____ Deposit Returned: _____

Reservation/Cancellation Policy: Reservations will not be accepted without the required deposits and rental fee. Reservations must be made 14 days in advance. The Park and Recreation Director reserves the right to make exceptions to the 14 day reservation requirement. Cancellations must be made 7 days in advance of the scheduled reservation date. Failure to do so will result in the loss of the deposit fee.