

CITY OF APPLE VALLEY

Parks & Recreation Department 952/953-2300

mailing address: 7100 - 147th Street West, Apple Valley, MN 55124
office location: Apple Valley Community Center, 14603 Hayes Road

GROUP/ORGANIZATION _____

CONTACT PERSON _____

EMAIL ADDRESS _____

MAIL ADDRESS _____ CITY _____ ZIP _____

PHONE (home) _____ (work) _____ (cell) _____

Facility Requested: _____

Room/Gym Requested: _____

Room/Gym Requested: _____

DATE DESIRED _____ TIME OPEN _____ TIME CLOSE _____

PURPOSE _____ NUMBER OF PEOPLE _____

NO. OF TABLES REQUESTED _____ NO. OF CHAIRS REQUESTED _____

SPECIAL REQUESTS _____

GUIDELINES

- Check in with the building supervisor upon arrival and departure. Group leaders are responsible for cleaning the facility after their group's usage. Please return the facility back to the original condition in which you found it.
- All renters must dispose of waste in proper trash and recycling receptacles provided at the facility.
- Groups must adhere to the starting and ending times, and use only those facilities/room(s) specified on the permit.
- Group leaders are responsible for the conduct of both participants and spectators. Adequate supervision must be provided by the applicant.
- Applicant may not sublet or transfer their rights or privileges to any individual, group or organization.
- The Parks and Recreation Department may require the applicant and/or organization to furnish a certificate of insurance and/or damage deposit in addition to the rental fee.
- Inclement weather, building emergency, or rescheduling of Recreation programs may necessitate a change or cancellation of this reservation.

THIS IS A NO SMOKING-NO ALCOHOL BUILDING

I warrant that I am authorized to enter into this Agreement on behalf of said corporation -organization - association.

TODAY'S DATE _____ SIGNATURE _____

******lower portion for staff use only:******

_____ Room(s) x _____ Hours(s) = _____ x \$ _____ = \$ _____

Damage Deposit = \$ _____ TOTAL AMOUNT DUE \$ _____

Date: _____ Staff Authorization: _____

Date Balance Paid _____

Form of payment _____

Receipt Entry Date _____

Date Deposit Refund Processed _____

Amt Refunded _____

Invoice # _____