

Application for Meeting Room Use

Breckenridge Grand Vacations Community Center and Summit County South Branch Library

Applicant Name _____	Phone: _____
Host Organization: _____	
E-mail: _____	
Mailing Address: _____	City _____ State/Zip _____

Event/Meeting Name: _____
Event/Meeting Date (s): _____
Event Description: _____
Estimated Number of Participants: _____ Entry fee per Participant: _____

<u>Audio/Visual Equipment</u> (circle all needed):
Dry Erase Board Conference Call Phone Microphone(s)# _____ 90" Display A HDMI Cable
VGA Cable Assisted Listening Devices# _____ Blu-ray player

Damage Deposit - \$100 damage deposit is required for all room rentals; \$300 deposit is required for events involving alcohol sales. Checks will be returned or shredded following the room rental if no additional fees are required. **Amount Received** _____ **Check #** _____ **Date** _____

Rooms Requested	Maximum Occupancy	Event Time(s) <i>Start to End; (includes set up & clean up)</i>	Total # Hours	Hourly Fee <i>\$25/room/hour (Community); \$50/room/hour (Private)</i>	Total / Room
Tip Top Room	8 person seating max (conference room table)				
Hopefull Room	50 Auditorium Seating 11 2-person tables				
Discovery Room	50 Auditorium Seating 11 2-person tables				
Expanded Hopefull/Discovery	100 Auditorium Seating 22 2-person tables				
Kitchen	Catering/Warming kitchen				
				X fee/ hour	

Total Fee

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For events which will include the service/consumption of alcoholic beverages:

Events involving any alcohol service/consumption requirements:

_____ Completed Application for Meeting Room Use

_____ Proof of general liability insurance

_____ Completed Request for Approval of Alcohol Use at BGVCC Form

Initial: _____ I have reviewed the general facility and alcohol policies and agree to comply with them.

ALL ROOM APPLICANTS – read, initial and sign full name below:

_____ I have received, reviewed, and agree to comply with the regulations set forth in the Breckenridge Grand Vacation Community Center and Summit County South Branch Library Meeting Room Use and Fee policies.

_____ I understand and take full responsibility for returning the room to standard condition **including returning tables/chairs to the configuration provided in room layout diagram.** I understand that a \$25 fee will be assessed for rooms not left in standard condition.

This signature indicates all information in this application is complete and accurate.

Applicant Signature

Date