

# MEETING ROOM RESERVATION AND USE AGREEMENT FORM

1. A Meeting Room Reservation/Use Agreement Form must be completed and submitted for review to the City of Savage.
2. Provisions must be made for unlocking/locking the facility after hours.
3. Groups are responsible for their own set up and clean up including rearrangement of furniture, wiping down tables, and taking out garbage. Nothing may be fastened or taped on the walls.
4. The individual submitting the application on behalf of the group shall be responsible for discipline and reasonable care of the room and furnishings and is expected to pay for any damage.
5. A supervising adult shall be in charge of the group and shall be present whenever a group of children use the room.
6. Groups may provide their own coffee and light refreshments. Kitchen area is available for use but is the responsibility of the group to clean after the meeting.
7. Gambling, smoking, and liquor consumption are prohibited. No weapons or "looks-like-a" weapon shall be brought on City property with the exception of authorized police personnel.
8. Users may not store equipment at City Hall unless prior arrangements have been made. In any case, the City does not assume responsibility for any equipment left on the premises.
9. The applicant shall notify City staff immediately of cancellation.
10. If a question is raised as to the purpose or activity of any organization requesting use of the room, the city administrator shall make the decision of whether to allow the activity.
11. Failure to observe any and all regulations shall result in the loss of meeting room privileges by the group.

## APPLICATION FOR USE OF MEETING ROOM

Date of Meeting: \_\_\_\_\_ Beginning Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Meeting Room Requested: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_

Application Made By: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

If you will not be present to supervise this activity, list the person who will be in charge:

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

Address: \_\_\_\_\_

Special Requirements: \_\_\_\_\_

I have read and agree to abide by the above:

\_\_\_\_\_ Applicant Signature

Approved \_\_\_\_\_ Denied \_\_\_\_\_

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

Emergency Contact #: 952.445.1411 (Non-emergency Police Dispatch)

Conference Room Name	Capacity
Marion/Marietta Hall	180 standing/60 w/tables & chairs
Oxford Room	12 w/table & chairs
McHenry Room	10 w/table & chairs