

# APPLICATION AND PERMIT FOR ROOM RENTAL



Jon Grant Community Center  
29260 Grand River  
Farmington Hills, MI 48336  
248-473-1800



Date requested \_\_\_\_\_ to \_\_\_\_\_ Time \_\_\_\_\_ to \_\_\_\_\_

Specific day(s) requested \_\_\_\_\_

Room(s) requested:

Main Floor Meeting Room                       Meeting Room A                       Meeting Room B

Downstairs Rec Room                       Computer Room

Organization/Person making request \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Bus. Phone \_\_\_\_\_

Rental Representative \_\_\_\_\_ Home Phone \_\_\_\_\_

**Brief description of activity** \_\_\_\_\_

Number of participants \_\_\_\_\_ Number of Farmington Hills Residents \_\_\_\_\_

Will food/beverages be served?                       Yes     No

Will there be an admission charge or other fees?     Yes     No

Will a particular set-up of furnishings or supply of equipment be required?     Yes     No

<b>Table Configuration:</b> <input type="checkbox"/> U-Shape <input type="checkbox"/> Conference <input type="checkbox"/> Classroom <input type="checkbox"/> Banquet <input type="checkbox"/> Theater <input type="checkbox"/> Other  # of Tables _____ # of Chairs _____	<b>Audio Visual</b> <input type="checkbox"/> TV/DVD/VCR - \$20 <input type="checkbox"/> Tablecloths - \$5 _____ <input type="checkbox"/> Projection screen - \$10 <input type="checkbox"/> LCD projector - \$15 <input type="checkbox"/> Lectern/Podium - \$5 <input type="checkbox"/> Microphones - \$10	<b>Other</b> <input type="checkbox"/> Flip chart w/ pad - \$10 <input type="checkbox"/> Easels - \$5 <input type="checkbox"/> Dry – erase board - \$10 <input type="checkbox"/> Table Skirts - \$10 _____ <input type="checkbox"/> Coffee Pot (100 cup) - \$5 <input type="checkbox"/> Other _____
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Organization/individual agreement to adhere to rules and regulations:

a) I have read the reverse side of this form and agree to adhere to the rules and regulations of the Community Center.

b) Release and Hold Harmless Agreement (see reverse side).

c) It is understood that the total rental fee (including damage deposit) shall be \$ \_\_\_\_\_.

**MAKE CHECKS PAYABLE TO THE DEPARTMENT OF SPECIAL SERVICES**

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

**OFFICE USE ONLY**

Approved by _____	Denied by _____	Date _____	
Comments		Per Hour	Used                      Cost
_____	Room Rental	_____	_____
_____	Pool Rental	_____	_____
_____	Equipment Rental	_____	_____
_____	Security Deposit	_____	_____
_____	Total Due	_____	_____
_____	Amt. Paid (50% min.)	_____	_____

Balance due \_\_\_\_\_ Balance due date \_\_\_\_\_

The damage deposit will be returned within 10-14 working days once The Center determines that no charges are due and no damage occurred.

**MAKE CHECKS PAYABLE TO THE DEPARTMENT OF SPECIAL SERVICES**