West Linn Adult Community Center – Facility Rental Application Adult Community Center, 1180 Rosemont Road, West Linn, OR 97068. Telephone 503-557-4704

Applicant responsible to pick up facility key, at Adult Community Center, the last weekday prior to event and return key immediately after use.

Today's Date	Compa	iny/Organization/Grou	ıp		
Address	Ci	ty/State/Zip			
Contact person		Daytime phor	ne		
Non-profit Tax ID #		Letter of Determination	on from IRS is Attac	hed	
Nature of Event		Date Re	quested for Event _		
Total Facility Time	a.m. p.m. TO	_a.m. p.m. Actual	Event Time	a.m. p.m. TOa	a.m. p.m.
Rooms to be utilized b	y group?				
Will you be serving be	er, wine, or champagne?	Yes (fee applie	s) No		
Facility Requested: PLI	EASE CIRCLE APPROPRIA	TE FEES & ROOM (S) Y	OU WISH TO RESER	V E	
	Non Profit Montings	Non Brofit Events	City	Non Posidont For	
Facility Rental	Non-Profit Meetings	Non-Profit Events	kesident rees	Non-Resident Fee	<u>:S</u>

	Non-Profit Meetings	Non-Profit Events	City Resident Fees	Non-Resident Fees
Facility Rental	g			
(All rooms)	N/A	\$70 Per Hour	\$100 Per Hour	\$125 Per Hour
Grand Fir Room	\$75 App. Fee	\$50 Per Hour	\$75 Per Hour	\$90 Per Hour
Cedar Room (Dining Room)	\$40 App. Fee	\$25 Per Hour	\$45 Per Hour	\$55 Per Hour
Cedar Room (Dining Room) With Kitchen	\$60 App. Fee	\$40 Per Hour	\$60 Per Hour	\$75 Per Hour
Oak Room (back left)	\$35 App. Fee	\$20 Per Hour	\$25 Per Hour	\$30 Per Hour
Pine Room (back right)	\$35 App. Fee	\$20 Per Hour	\$25 Per Hour	\$30 Per Hour
Hemlock Room (front classroom)	\$30 App. Fee	\$15 Per Hour	\$20 Per Hour	\$25 Per Hour
Maple Room (back classroom)	\$30 App. Fee	\$15 Per Hour	\$20 Per Hour	\$25 Per Hour
Alcohol Fee	N/A	\$75	\$75	\$75

Please fill in the	Facility Fee	hours at \$	= \$	
Appropriate fees:	Alcohol Fee- \$75		\$	
	Tablecloth (Rental)	pieces @ \$9 each	n = \$	
		Total fees for group	\$ Date Pd	

Refundable cleaning/damage deposit - \$500 check

\$_____ Date Pd _____

THE APPLICANT IS RESPONSIBLE FOR INFORMING THE GROUPS MEMBERS OF THEIR DUTIES/RESPONSIBILITIES UNDER POLICIES AND PROCEDURES.

- 1. It is understood and agreed that the City, it's Mayor, City Council, Boards, employees, volunteers, and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from the use of The West Linn Adult Community Center and surrounding areas.
- 2. Each group shall be fully responsible for the physical condition in which they leave the facility. The expenses resulting from any damage or undue maintenance shall be charged to the applicant and taken from deposits. Failure to meet any obligations beyond deposit amount within thirty (30) days of billing will be cause for cancellation of future privileges and for legal action including all costs incurred by the City for collection.
- 3. All alcohol use shall be governed by all applicable ordinances, State laws and O.L.C.C. Regulations. I understand that it is my responsibility to read, understand and obtain all O.L.C.C. documents or permits as required.
- 4. I have read, understand, and agree to comply with all the rules, regulations, policies, and fee schedules, as set forth by the City of West Linn. I further attest that I will be personally responsible for repair or damage to equipment, the facilities, and grounds or for replacement of stolen equipment.

HOLD HARMLESS AGREEMENT

I agree to be responsible for the conduct of our group in and about the facilities in use, for the control and containment of alcohol and noise, group participants, litter and damage beyond ordinary wear and tear, which may occur while we are occupying the premises. I further agree that use of the The West Linn Adult Community Center shall be in accordance with Policies and Procedures, local ordinances, O.L.C.C. Regulations and all valid laws of the State of Oregon. It is understood and agreed that the City, it's Mayor, City Council, Boards, employees, volunteers, and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from the use of this facility.

*____ I am over 21 years of age.

*I agree to adhere to damage caused by a standard to the	group or to clean f the best of my kno	acility after use. owledge, provided	on this form is tru	ithful.		
return key the first w * Applicant must initial all	•					
Signature	Name	Name		 Date		
Visa MasterCard _	Expires	Amount \$	(If card us	ed for deposit card will be ch	arged)	
Cardholder Name	 Signature					
Payment Received by						
For office use only:						
Key Issued to		Date	Key #	Card #		
Key returned	Date					
Key returned Post event inspection by	:		Date			
Results:Acce	eptable	Unaccep	table.			
Date of Check Request/R			equested:	Processed by:		