



SPRING LAKE PARK-BLAINE-MOUNDS VIEW
(SBM) FIRE DEPARTMENT

2019 MEETING ROOM RENTAL AGREEMENT

TODAY'S DATE _____

ORGANIZATION NAME _____ PHONE NUMBER _____

ORGANIZATION ADDRESS _____

MAIN CONTACT _____ CELL PHONE _____

EMAIL _____ FAX# _____

PROJECTED ATTENDANCE _____

DESCRIPTION OF EVENT TAKING PLACE _____

SINGLE DAY REQUESTED _____ START TIME _____

END TIME _____

MULTIPLE DATES REQUESTED: START DATE _____ START TIME _____

END DATE _____ END TIME _____

****WE WILL RESERVE ½ HOUR BEFORE AND ½ HOUR AFTER TIME NOTED FOR SET UP AND CLEAN UP****

ROOM DESCRIPTIONS AND RENTAL CHARGES:

OPTION 1: MAIN TRAINING ROOM: 2500 SQFT. TABLES AND CHAIRS FOR 100

OPTION 2: LAFRANCE CONFERENCE ROOM: 480 SQFT. TABLES AND CHAIRS FOR 33

OPTION 3: POLENIK CONFERENCE ROOM: 396 SQFT. TABLES AND CHAIRS FOR 28

MAIN ROOM: \$200 FOR THE DAY (12 HOURS) \$100 FOR 6 HOURS or less

LAFRANCE CONFERENCE ROOM: \$100 FOR THE DAY (12 HOURS) \$50 FOR 6 HOURS or less

POLENIK CONFERENCE ROOM: \$50 FOR THE DAY (12 HOURS) \$25 FOR 6 HOURS or less

Option 1

Option 2

Option 3

12 Hour <6 Hour

12 Hour <6 Hour

12 Hour <6 Hour

I hereby accept the ownership and responsibility of the facility security access devices listed below, as provided by the Spring Lake Park Fire Department, Inc. I shall retain these devices in a safe location at all times. I shall not distribute these devices nor allow any individual other than myself, to use them. I shall report any device as compromised, lost, or stolen within 24 hours of findings. I shall bear the cost of replacement on any/all devices issued to me. I understand that security access devices may be disabled or changed at any time, without notice, by the Spring Lake Park Fire Department, Inc.

Upon accessing facilities, I hereby hold harmless the Spring Lake Park Fire Department, Inc. from any and/or all injuries sustained resulting from the use of any facility or equipment within; I understand that any medical expense incurred as a result of an injury that occur will be at my expense.

I have read, understood, and agree to abide by the *facility use and security policy*.

I understand that failure to abide by these policies may result in the loss of privileges for me and possibly others.

Room Usage:

- a. If the kitchen is used, you must bring your own food and supplies. Appliances can be used. Kitchen must be cleaned up after each use, wash dishes, clean counter tops and any spills.
- b. Use diligence in keeping the room clean, wipe the tables down, chairs, pick up garbage from the floor, SBM does not have a cleaning contractor
- c. Use only the equipment that you are comfortable or have been trained to operate.
- d. Tables and chairs can be arranged to meet your needs but must be placed back to original format.

*CANCELLATIONS: If you have paid, and the event is canceled for whatever reason, you can:

A. be refunded, minus a \$5 processing fee

B. reschedule for another date with no extra charge

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| ACCEPTED AND SIGNED BY: (a) _____ | | |
| DATE SIGNED: _____ | DATE EXPIRES: _____ | <u>12/31/2019</u> |
| PAYMENT METHOD: | <input type="checkbox"/> CASH | <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD |
| DEVICES ISSUED: | FOB _____ | KEYCARD _____ 4DIGIT _____ |
| ACTIVATED IN SYSTEM: | DATE _____ | BY INITIALS _____ |