

Mason Municipal Center

6000 Mason-Montgomery Road
Mason, Ohio 45040
513.229.8500



FACILITY USE REQUEST FORM

Date and Time of Application _____ Facility/Room Preference _____

Name of Responsible Party _____ Phone _____ Fax _____

Address _____

Name of Sponsoring Organization _____ Your position _____

Does your organization have any national affiliation? ____ Is the organization non-profit? _____

Event Information

Date(s) of Event _____ Alternate Date(s) _____

Time of Event (please include time needed for setup and cleanup) Beginning _____ Ending _____

Estimated Attendance: Adults _____ Children under 12 _____

Please give a detailed description of the event and activities (use reverse side if needed)

Please check all that may apply:

*The city does not provide refreshments (coffee, tea, etc.) or meeting supplies (easels, flipcharts, etc.)

- ___ Food service ___ Invited guests ___ Beverages
- ___ Financial transactions ___ AV Presentation ___ Decorations
- ___ Group activities ___ Open to public

I have read and accept the terms of use set forth in the policy statement, and agree that all persons in the group will comply. I agree to be responsible for any damage done to the meeting room or its contents while I am in charge of it and will report such damage to staff. I shall be responsible for assuring the room is left in the same condition in which it was found.

Signature of Responsible Party _____ **Date** _____

All security deposits must be in the form of a personal or cashiers check made payable to the City of Mason and dated with the date of the event. Any applicable fees must be paid with a separate check or cash.

For Office Use Only

FEES PAID Security Deposit \$ _____ Date Received _____ Signature _____

 Rental Fee \$ _____ Date Received _____ Signature _____

FEES REFUNDED \$ _____ Date Refunded _____ Signature _____

 Reason for Refund _____

Certificate of Insurance Required? ___ No ___ Yes: Date Received _____