

## RESERVATION FOR BTFD MEETING ROOM

**THIS FORM MUST BE RETURNED TO THE TOWN HALL WITH A CHECK FOR THE APPROPRIATE AMOUNT IN ORDER TO RESERVE THE FACILITY. FAXING OR MAILING WITHOUT THE APPROPRIATE DEPOSIT WILL NOT RESERVE THE FACILITY.**

Name of Person or Organization \_\_\_\_\_

Date of Activity \_\_\_\_\_ Type of Activity \_\_\_\_\_

Hours: From: \_\_\_\_\_ To: \_\_\_\_\_ Number of Persons: \_\_\_\_\_

**Fees for Residents**

\$ 100.00 **Security Deposit**

\$ \_\_\_\_\_ **Rental Fee**

\$ \_\_\_\_\_ **Total Fee**

(Fees Due at Time of Reservation - Please Make Separate Check for Security Deposit)

Full security deposit returned? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_ Date: \_\_\_\_\_ If no explain: \_\_\_\_\_

**Please make check(s) payable to Bainbridge Township.**

The BTFD Meeting Room will be open only for the hours for which it is rented and as stated in this reservation. Fees and deposits are required for all users of the facility. If someone other than the applicant is responsible for closing, please provide him/her with a copy of this contract.

- If reservation is cancelled within 30 days of date of activity, the deposit may be forfeited.
- The security deposit\*\*\* will be held by the township until the town hall supervisor or his designee determines **that the facility has been returned to its original condition**, to include but not limited to the following:
  - If tables are used, they must be cleaned; all debris must be picked up and taken to designated area. All decorations must be removed. No staples or tacks shall be used to fasten paper or other materials to the tables.
  - Floor shall be vacuumed if needed.
  - There shall be **NO SMOKING** in the BTFD Meeting Room.
  - No staples, nails, tacks nor tape are to be used to fasten any material to the walls or ceiling.
  - No township property is to be removed from the premises.
  - No candles are allowed.
  - Food and beverages are **NOT** allowed in the BTFD Meeting Room.

\*\*\* The security deposit is required for all meetings. It will be returned within two weeks after the event, less an amount sufficient to cover any damages or outstanding fees and/or additional costs due to the township as a result of this function. (If damages must be assessed, the town hall administrator with concurrence from a trustee will determine an appropriate amount to be deducted).

**Closing time:** Monday - Sunday, 10:00 p.m.

(The function needs to end early enough to allow for cleanup. Doors will be locked at closing time.)

The BTFD Meeting Room will not be opened for any legal holiday except by permission of the Township Trustees, nor will it be opened Saturdays, Sundays or on a holiday to remove articles left there from a previous night's activities.

**The applicant and organization are personally liable for all duties of the applicant outlined herein:**

The applicant agrees to be fully liable for any and all damage caused to the BTFD Meeting Room or any property located therein by the applicant, any of its officers, agents, or employees, or anyone permitted, authorized, or allowed by the applicant to be at the BTFD Meeting Room pursuant to this reservation. At the Trustees' discretion, any such damage may be remedied by the Township, and the applicant agrees to be fully liable for any costs incurred by the Township in repairing such damage and any fees, costs, and expenses incurred by the Township in recovering its costs and expenses, including its attorney fees and court costs.

The undersigned applicant and organization personally agree, as a further consideration and inducement for the consummation of this agreement, to protect and save harmless the Township of Bainbridge and the Bainbridge Township Board of Trustees from all actions, claims and demands whatsoever, that may now or hereafter exist, on account of any injuries, property damage or any other claims whatsoever and to reimburse and make good to Bainbridge Township and Bainbridge Township Board of Trustees, any loss and expense said Township or Board may be required to pay as a result of any action, claim or demand on account of injuries, property damage or any other claim whatsoever arising from the use of the BTFD Meeting Room by the undersigned individual, organization, or other individuals, partnerships or corporations hired or employed by said applicant for the activity and use described above or permitted by the undersigned individual or organization to be at the BTFD Meeting Room during the term of this reservation.

Organization: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Applicant: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_  
Township Representative

\_\_\_\_\_  
Date

**THE BTFD MEETING ROOM IS A NON-SMOKING FACILITY**