

**ROCKFORD COMMUNITY
CENTER RESERVATION FORM**

DATE REQUESTED FOR FUNCTION _____

TIME REQUESTED FOR FUNCTION _____

TYPE OF FUNCTION _____

RESPONSIBLE PERSON _____

ADDRESS _____

CITY & STATE _____

PHONE _____

RENTAL KEY # _____

DEPOSIT REQUIRED PAID _____ CHECK _____ CASH _____

An \$85.00 deposit and a \$50.00 usage fee are required for the rental of the room. Upon satisfactory inspection of the facility by the City, the deposit will be returned in full. In the event the key is not returned immediately, the garbage is not removed from the facility, floors are not vacuumed, tables and counters not cleaned, or any violation of smoking and/or alcohol clause of the policy, the deposit will be retained as penalty.

I certify that I am familiar with the regulations governing the use of the Rockford Community Center. I accept the responsibility for the compliance with these rules by those involved in the activity for which this application is made.

SIGNATURE _____ **DATE** _____

THE KEYS FOR THE COMMUNITY CENTER NEED TO BE PICKED UP BY 3:30 P.M. ON FRIDAY BEFORE YOUR FUNCTION OR USE OF THE ROOM AND THE \$50.00 USAGE FEE WILL BE FORFEITED.

IF WE ARE NOT OPEN ON FRIDAY DUE TO HOLIDAY
KEYS MAY BE PICKED UP ON THURSDAY BY 3:30 P.M.

ALL KEYS MUST BE RETURNED BY 3:30 P.M. TO CITY HALL BY THE FOLLOWING
MONDAY OF THE FUNCTION

IF YOU ARE UNABLE TO MAKE IT INTO CITY HALL ON MONDAY YOU MAY PUT KEYS IN
DROPBOX OUTSIDE OF BUILDING, IF DOING SO PLEASE MAKE SURE YOU

LET SOMEONE IN OFFICE KNOW.

THANK YOU

CITY OF ROCKFORD