

LANSING ACTIVITY CENTER

Facility Request Form

NAME OF PERSON REQUESTING FACILITY: _____
(The person named here must pay for the rental fees, will be refunded the damage deposit, if applicable, and will be held responsible for the facility.)

Purpose of Function: _____

Address: _____ City: _____ State/Zip: _____

Telephone: (Home) _____ (Work) _____

(Cell): _____

Date(s) Requested	Day of Week	Time Requested
_____	_____	_____ To _____
_____	_____	_____ To _____

Please check the category that applies to this reservation request:

- | | |
|---|--|
| <input type="checkbox"/> Lansing Resident | <input type="checkbox"/> #101 Meeting Room (capacity up to 30) |
| <input type="checkbox"/> Lansing Civic Non-Profit or Senior Citizen Group | <input type="checkbox"/> #106 Meeting Room (capacity up to 25) |
| <input type="checkbox"/> City Function | <input type="checkbox"/> #201 Meeting Room (capacity up to 30) |
| <input type="checkbox"/> Non-Resident | <input type="checkbox"/> #205 Meeting Room (capacity up to 30) |
| | <input type="checkbox"/> Gym (capacity up to 200) |

Number of people attending: _____ How many tables? _____ How many chairs? _____
(Tables & chairs available: 14 rectangle tables 6' length-seats six / 46 chairs)

Other Information: _____

- Will food or refreshments be served? Yes No
- Is this a private party? Yes No
 - (A private party is a gathering where invitations are sent or given. Tickets may not be sold at the door or prior to the event.)

STATEMENT OF RESPONSIBILITY:

As a condition precedent to the issuance of a permit for the use of facility at the Lansing Activity Center, I, the undersigned, knowingly and voluntarily assume the responsibility to abide by any and all county, state, and federal laws, city ordinances, and rules and regulations governing the use of the rooms on this request. It is further understood that the City of Lansing, Kansas, its officials, officers, and employees, are not responsible for accidents, injuries, illness, disaster, or loss to group or individual property relating to the use of the Lansing Activity Center. Furthermore, I agree to pay any rental fees, cleaning/damage deposit, and setup fees at the time reservations are made and agree to comply with the rules and regulations as stated in the rental policy. Following is a partial list of rules and regulations that may result in loss of cleaning/damage deposit.

- Application will serve as reservation and must be made in person (no telephone reservations will be accepted.)
- Rental fees and cleaning/damage deposit must be paid at the time reservations are made.
- No adhering decorations on walls or ceilings. No loose glitter sparkles or sequins may be used for decorations.
- All trash, debris, decorations, etc. shall be removed at the conclusion of the room rental. All spills must be cleaned up. The City staff will remove tables and chairs and normal floor cleaning only. If, after an activity, additional custodial maintenance is required (other than the normal cleaning process) the applicant may be charged accordingly.
- Smoking is not permitted anywhere inside the building. Failure to comply will result in forfeiture of the deposit.
- Person named on facility request form shall be responsible for their guests and compliance with the rules and regulations.
- Any cancellation less than two weeks prior to the contracted function will result in forfeiture of all fees.
- Fee waivers are available upon request.
- Additional charges may be assessed if damage or cleaning requirements exceed the deposit.
- Reservations without an advanced notice of two (2) weeks will be considered based upon staff availability.

Applicant's Signature: _____ Date: _____

(Attached are the Activity Center Diagram and Reservation Fees.)

ACTIVITY CENTER FEE SCHEDULE

Description	Classroom	Gym	Cleaning/Damage Deposit
Resident	\$5.00 per hour	\$15.00 per hour	\$75.00
Non-Resident or Business	\$15.00 per hour	\$30.00 per hour	\$150.00
<i>Room(s) will be available one hour before the function.</i>			

Room Set-up:

COMMENTS:

Room Set-up:

STAFF USE ONLY:

_____ hours x \$_____ per hour = \$_____

Cleaning/Damage Deposit \$_____

Key #_____

TOTAL DUE \$_____

Amount Paid \$_____

Balance Due \$_____

ACCOUNT STATUS:

Rental Receipt #_____ Cash Check

Deposit Receipt #_____ Cash Check

Staff Member Signature _____ Date _____