

THE CITY of *Altoona* **Community Room Reservation Application**

Organization Information			
Organization Name:			
Name of Responsible Party:			
E-mail Address:			
Telephone	(H)	(W)	(C)
Mailing Address:			
Event Information			
Purpose of Event (please check one)	<input type="checkbox"/> Meeting	<input type="checkbox"/> Training	<input type="checkbox"/> Conference
	<input type="checkbox"/> Other (please describe):		# of attendees:
Reservation Date:	<i>NOTE: Reservations will not be accepted more than 90 days in advance of the event date.</i>		
Start Time*:		End Time*:	
*Days and Times Available for Use	Monday-Tuesday-Wednesday-Friday: 7:30 am – 4:00 pm Thursday: 7:30 am – 5:30 pm		

By signing this reservation application, I acknowledge that I have read the Community Room Use Policy, understand, and acknowledge the following: The Community Room is available for public use during City Hall hours as a place to hold organized group/individual meetings. The room is reserved on a first come, first served basis. Any damages made to the Community Room or any of its contents will be repaired or replaced as appropriate and charged at the fair market or labor rate to the Responsible Party listed above.

The Group/Individual shall defend, indemnify, and hold harmless the City of Altoona, its officers, officials, employees and volunteers from and against any and all claims, suits, actions, and/or liabilities for injury or death of any person, or for loss or damage to property, which arises out of your use of the Community Room, or from the conduct of your guests and/or participants, or from any activity, work or thing done, permitted, or suffered by the Group/Individual in or about the Community Room.

Signature of Responsible Party

Date

Return this completed form to:

City of Altoona
Community Room Reservation
1303 Lynn Avenue
Altoona, WI 54720

or

cityhall@ci.altoona.wi.us

Please do not write in the space below. Thank you.

Reservation Confirmation	
Clerk's Signature:	Date: