

**Application to Reserve Facilities**

Event # \_\_\_\_\_

**Adams County Community Center**

569 N. Cedar Street, Adams, WI 53910 (608) 339-4237

FAX: (608)339-4266 E-mail: [liarneson@co.adams.wi.us](mailto:liarneson@co.adams.wi.us)**PLEASE READ THE ADAMS COUNTY COMMUNITY CENTER FACILITY USE POLICY BEFORE COMPLETING**

<b>Applicant Information</b>	Name		Driver's License (Required)	
	Address		Email Address	
	City	State	Zip Code	
	Home Phone	Day Phone	Cellular Number	Fax Number
	Company/Organization Name & Department			
	Company Address/City/Zip		Company Phone Number	
	Is your group/organization a non-profit Yes ____ No ____ Non-Profit Number: _____			
<b>Note: You must provide the current non-profit status document with this application.</b>				

<b>Event Information</b>	Event Date / /	Day of Week	Event Start Time (include set-up)	Event End Time (include clean-up)
	Multiple Dates? (List dates, day of the week and times, attach additional page if necessary)			
	What type of event are you having? __ Meeting      __ Seminar      __ Private Party      __ Fund Raiser      __ Other; Explain in Detail:			
	Select which Category applies to your event. __ Government      __ Non-Profit Organization with a valid 501(c)3 __ Private      __ Church      __ School      __ Business			
	<b>What is the maximum number of people you expect to attend?</b>			
	Will there be food/beverages at the event? Yes ____ No ____ Will it be catered? Yes ____ No ____ Will you need use of the kitchen? Yes ____ No ____ (There is a fee and an extra deposit for use of the kitchen)			

***In the event that assistance is needed after hours i.e. circuit breaker tripped, contact the Adams County Sheriff's Department at 608-339-3304.***

Permission for use of the facility is granted upon the condition that all rules governing use of Adams County Community Center facilities will be followed. Permission may be revoked at any time for failure to do so, and the group or individual will forfeit all fees paid.

**Initial** \_\_\_\_\_ In case of emergency or for reasons beyond the Community Center's control, the Community Center reserves the right to cancel the scheduled event prior to scheduled use without liability. Refunds will be made if cancellation by the Community Center is necessary.

Adams County Community Center

Application to Use Facilities Form

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- Initial** \_\_\_\_\_ I understand that use of the building is restricted to the room(s) assigned. Every effort will be made to provide the room requested, however, if necessary, Adams County Community Center reserves the right to move a meeting or session to a more suitable size room.
- Initial** \_\_\_\_\_ Deposits are refunded according to the condition of the room and after use and return of any Key Fob that Was issued. Tables should be wiped clean, any spills cleaned off the floor and all trash picked up, bagged and taken to the dumpster located outside.
- Initial** \_\_\_\_\_ I hereby attest that the forgoing information is true and correct, and that should any of the information be found to be false or should any conduct by myself, participants or guests not be as described in the application, or should any applicable City, County, State or Federal rules, regulations, codes or laws be violated, said reservation will be deemed null and void and any activity associated with this reservation will immediately cease and the event will be canceled
- Initial** \_\_\_\_\_ The above-named organization or individual(s) agree to indemnify and hold harmless, the County of Adams from all liabilities, damages, demands, claims, causes of action or judgments and all reasonable expenses, including attorney's fees and costs, incurred in investigation or defending same, for injury to any person, loss of life, or damage to property arising from, or by the use and occupancy of, the facilities herein described by said organization or individual.
- Initial** \_\_\_\_\_ I have received, read and agree to abide by the Adams County Community Center Facility Use Policy dated 4/4/22.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Initials

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

**Date of Application:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

**Fee Category:** ☐ Group 1 ☐ Group 2 ☐ Group 3 **Room(s) Assigned:** \_\_\_\_\_

**Room Use Fee:** \_\_\_\_\_ **Paid by:** ☐ Cash ☐ Check No. \_\_\_\_\_

**Sales Tax:** \_\_\_\_\_

**Deposit Fee:** \_\_\_\_\_ **Paid by:** ☐ Cash ☐ Check No. \_\_\_\_\_

**Receipt No.** \_\_\_\_\_

**Deposit Returned:** Y/N If No, attached explanation **Date:** \_\_\_\_\_

**Additional Conditions and/or Comments:**

**Application Approved:** \_\_\_\_\_

**Application Not-Approved:** \_\_\_\_\_

**Date:** \_\_\_\_\_