

**SARATOGA COMMUNITY ROOM  
RESERVATION FORM**

**Name of Applicant:** \_\_\_\_\_

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

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

**Single Event:**

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

**Recurring Event:**

**Frequency of Recurrence:** \_\_\_\_\_ **Day of week:** \_\_\_\_\_

*(example: weekly, bi-weekly, monthly)*

**Time:** \_\_\_\_\_

**Event Contact Person:** \_\_\_\_\_

**Phone numbers:** \_\_\_\_\_ or \_\_\_\_\_

**Additional Event Contact Person:** \_\_\_\_\_

**Phone numbers:** \_\_\_\_\_ or \_\_\_\_\_

**Estimated number of Attendees:** \_\_\_\_\_

**Rental Fee:**

The non-refundable fee of \$240.00/yr for one meeting per month or \$20.00 for single use is required when submitting the completed reservation form.

Applicant hereby agrees to hold the Saratoga Fire District and all the officers, agents and employees free and harmless from any loss, damage, liability, cost or expense that may arise during or be caused in anyway by such use of occupancy of recreation facilities.

I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant for any damages sustained to the building, furniture, or equipment, accruing through occupancy or use of said building by the applicant. Any lost equipment or damages sustained to the above shall be compensated.

I hereby certify that I have read and understand the Community Room Policy and will abide by any special conditions set forth. I certify that the intended use is in compliance with said rules and regulations and application instructions.

**Applicant's Signature:** \_\_\_\_\_

**OFFICE USE ONLY**

Fee Rec'd: \_\_\_\_\_ Amount: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_