

**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: _____