



Facility Rental Application

First Name: _____ Last Name: _____

Organization Name (if applicable): _____ **CIRCLE:** Non-profit or Commercial?

Requested Date: _____ Start Time: _____ AM/PM End Time: _____ AM/PM

***Please note: your setup and clean up time MUST be included in your requested start and end times.**

We recommend a set up time of 30 minute before arrival of guest and a clean up time of 30 to 60 minutes after guest leave depending on purpose of reservation

Please select the following area of the facility that you'd like to reserve:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Community Room Half | <input type="checkbox"/> Climbing Wall | <input type="checkbox"/> Movement Studio | <input type="checkbox"/> Fitness Floor |
| <input type="checkbox"/> Community Room Combined | <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Aquatics Area | <input type="checkbox"/> Kitchen |

What is the purpose of your rental?

(example: "Birthday Party" or "Meeting") _____

Please indicate your anticipated head count by age category:

# of Adults (Ages 18-54)	# of Youth (Ages 12-17)	# of Children (Ages 6-11)	# of Preschool (Ages 0-5)	TOTAL #
_____	_____	_____	_____	_____

- | | | |
|---|-----|----|
| Is your residence or your organization located within the Flagstaff city limits? | YES | NO |
| Is this event open to the public? | YES | NO |
| Will there be an admission charge, sale, solicitation, donation, or collection involved with your rental? | YES | NO |
| Will there be decorations? | YES | NO |
| If yes, what type? _____ | | |
| Will there be food at your event? | YES | NO |
| If yes, what type? _____ | | |
| Will there be use of amplified sound or DJ, performers, and/or large speakers? | YES | NO |
| If yes, explain: _____ | | |
| Will you or your organization be using a caterer or any other type of paid services? | YES | NO |
| If yes, explain: _____ | | |
| Will you or your organization require the use of flyers, posters, or signs on City property? | YES | NO |

Facility Rental Application (continued)

If you or your organization would like to use our complementary audio, visual, and miscellaneous equipment, please indicate below what equipment you would like to be ready upon your arrival:

- | | | | |
|------------------------------------|--|--|--|
| <input type="checkbox"/> Laptop | <input type="checkbox"/> Mouse | <input type="checkbox"/> Microphone | <input type="checkbox"/> Expo Markers |
| <input type="checkbox"/> Projector | <input type="checkbox"/> Wireless Keyboard | <input type="checkbox"/> Sound System/Speakers | <input type="checkbox"/> Other |
| <input type="checkbox"/> Clicker | <input type="checkbox"/> Conference Phone | <input type="checkbox"/> White Board | <input type="checkbox"/> I will provide my own equipment |

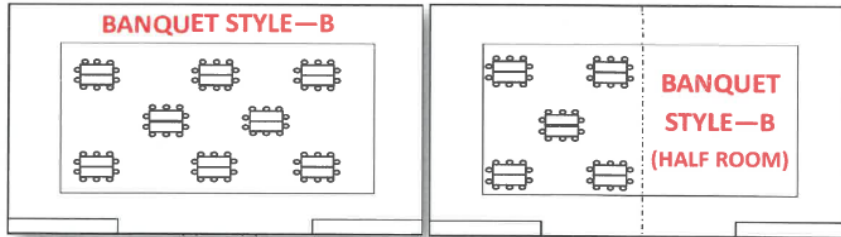
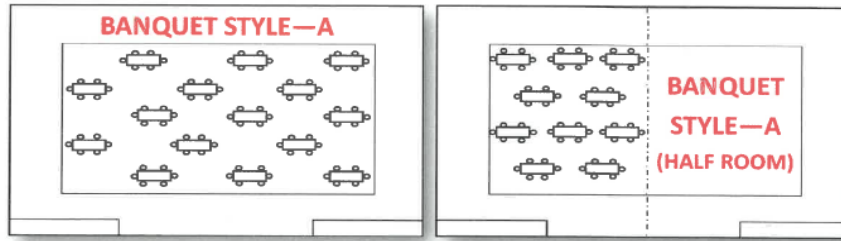
***PLEASE NOTE:** the tech equipment we provide is **COMPLIMENTARY** when reserving within our facility. However, please understand that the tech equipment may be **LIMITED** (depending on other programming/rentals) and is designed to accommodate the Aquaplex's inputs/outputs within the room's tech panel. Therefore, bringing your personal tech equipment may **NOT** be compatible with the Aquaplex's rental space. If possible, we recommend bringing a backup option to your anticipated technology needs, i.e. USB flash drive or SD card.

After looking at our provided setups within this packet, please indicate which setup meets your needs (CHECK ONLY ONE):

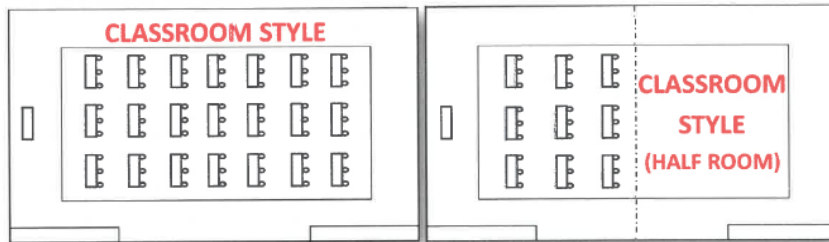
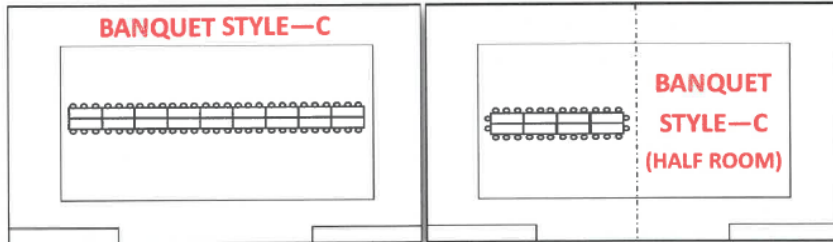
- | | | | |
|------------------------------------|------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Banquet A | <input type="checkbox"/> Banquet C | <input type="checkbox"/> U-Shape | <input type="checkbox"/> Other |
| <input type="checkbox"/> Banquet B | <input type="checkbox"/> Classroom | <input type="checkbox"/> Theater | <input type="checkbox"/> I have my own setup |

***PLEASE BE AWARE:** your rental fees do **NOT** include daily admission to utilize the facility's amenities and if the use of our facility is requested, it will result in additional fees on the day of your specified rental if the use of our amenities are desired, such as the pool area, rock climbing wall, gymnasium, etc.

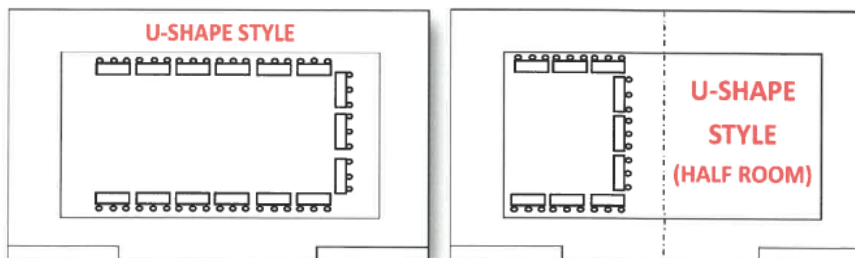
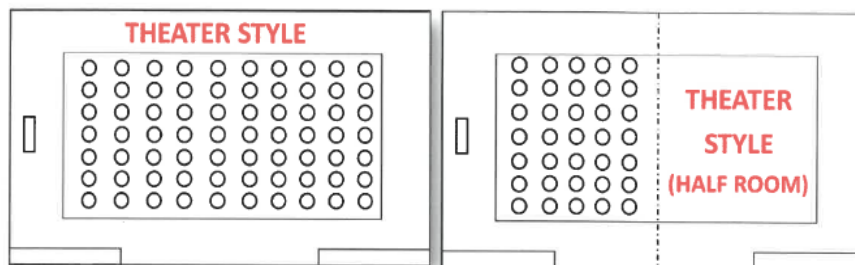
COMMUNITY ROOM RENTAL SETUP EXAMPLES



COMMUNITY ROOM RENTAL SETUP EXAMPLES



COMMUNITY ROOM RENTAL SETUP EXAMPLES



Facility Rental Application (continued)

The following statements MUST be read carefully as they may or may not pertain to your reservation.

After reading, please INITIAL in the box next to each item.

- Availability of the rental space is on a first-come, first-serve basis. I understand that submittal of this application does **not** guarantee a reservation. Only after all documents have been received and all required payments will a reservation be confirmed.
- I understand that in the event of an emergency or for reasons beyond the City's control, the City reserves the right to cancel the scheduled event prior to scheduled use without liability. Likewise, certain **areas and/or amenities may be forced to close** with little or no notice due to mechanical, chemical, and environmental issues (including, but not limited to) lightning, inclement weather, and/or maximum capacity within certain areas, such as the pool. Refund requests will be assessed on a case by case basis.
- I understand that my setup and clean up time must be included within my confirmed rental use.
- I understand that I must check in and check out with the front desk when arriving for my rental as well as when I am leaving my rental.
- I understand that the 25% deposit is due at the time of booking.
- I understand that the 25% deposit will be forfeited for all reservation cancellations. I further understand that if I cancel my reservation less than 24 hours in advance, I forfeit the entire rental cost.
- I understand that the Flagstaff Aquaplex reserves the right to keep my cleaning deposit if any or all items are not completed by the end of my rental: I do not check in with the front desk prior to my rental, I do not check out with the front desk after my rental, I begin use of my rental prior to the confirmed reservation start time, I continue use of the rental space after the confirmed end time, or if any other stated policies or guidelines are not followed.
- I have received, read, and understand the information contained in the Flagstaff Aquaplex's "Facility Rental Policies & Guidelines" packet.
- I understand that if I elect to bring my own personal tech equipment, the Aquaplex is not liable for any lost, stolen, or damages incurred while utilizing the rental space. I also understand that the tech equipment offered by the facility is limited and may not be available for my rental depending on other programming within the facility. Furthermore, I understand that the tech equipment control panel is specifically designed for the Aquaplex's provided equipment and may or may not be compatible with my personal tech equipment.
- I understand that the use, consumption, or sale of alcohol is not permitted.
- I have been made aware of the cleaning checklist required to be completed by the end of my rental.

(CONTINUED)

Facility Rental Application (continued)

Mailing Address: _____ City: _____ State: _____

Zip Code: _____ Primary Phone: _____ Secondary Phone: _____

E-mail Address: _____

***An email address is REQUIRED in order to reserve our rental space.**

Alternate Contact Name: _____

Alternate Contact 's Phone: _____

Alternate Contact 's Email _____

By signing below, it is distinctly understood and agreed that the applicant assumes all risks for loss, damage, liability, injury, cost or expense that may arise during, or be caused in any way by, such use or occupancy of the facilities of the City of Flagstaff and/or Recreation Section; the applicant further agrees that in consideration of being permitted to use the facilities, he/she will save and hold the said City of Flagstaff and/or their employees from any loss, claims, and liability or damages, and/or injuries to persons and property that in any way may be caused by the applicant's use or occupancy.

I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant of any damages/loss sustained by the founts, building, furniture, or equipment or unusual clean-up occurring through the occupancy of said facilities by the applicant.

I, understand that the City of Flagstaff Aquaplex is not responsible for any personal items that are lost or stolen items.

Printed Renter's Name: _____ Date Completed: _____

Signature: _____

OFFICE USE ONLY:

Staff Name: _____ Staff Signature: _____ Date: _____