



**RALPH HOLEWINSKI**  
**VFW POST 1518 Gaylord, MI**

## **PAVILION**

### **Space Use Application and Agreement**

Date(s) of Event: \_\_\_\_\_

Name of Organization/Individual: \_\_\_\_\_

\_\_\_\_ VFW Member/Veteran    \_\_\_\_ Non-Profit (need 501c3 form)    \_\_\_\_ Profit Organization

Event Time: Setup: \_\_\_\_\_ Event Start: \_\_\_\_\_ Event End: \_\_\_\_\_ Clean-Up/Finish \_\_\_\_\_

Event description: \_\_\_\_\_

Expected Number in Attendance: \_\_\_\_\_

Services Requested to be provided: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Space Use requester/contact: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Phone#: \_\_\_\_\_ Alternate#: \_\_\_\_\_

### **Use Fees**

NonProfit/Veterans Organiz./VFW Member/Veteran: No Usage Fee. Security Deposit: \$100

Individuals or For Profit Organizations: Usage Fee: \$30/hour, Security Deposit: \$100

VFW Post 1518 allows the Requester to use the: **Pavilion at 1905 S. Otsego Ave., Gaylord, M**

\*11 picnic tables available

\*Occupancy 75

\*Women's & Men's restrooms available

\*Animals must be on leash

\*No grill on site, permitted outside of Pavilion

\*Contact person must be present

\*Keep music & noise at minimal level

\*No nails or tape on the walls

\*Fire Pit is available for use. It must be attended at all times & cleaned out.

## Conditions of Contract

Events will not be confirmed until the Security Deposit has been submitted. Use fees are due in full before the event date. If additional time is utilized, charges will be assessed after event. Requester shall be financially responsible for damages on premises during use. The security deposit will be returned 15 days after the event if no damage or additional cleaning is required.

All local, state fire and health laws & regulations shall be observed. Under no circumstances shall drugs, illegal substances, weapon and firearms be allowed. No alcoholic beverages are to be served or provided to a person under the age of 21. The individual signing the Use Application and Agreement personally guarantees the obligations of the organization or group using the Pavilion.

\_\_\_\_\_  
Requester's Signature

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Printed Name of Requester

\_\_\_\_\_  
Date

### Space Use Approved By:

\_\_\_\_\_  
(Post Representative Signature)

\_\_\_\_\_  
(Printed Name of Post Rep. & Title)

Security Deposit Received: \$ \_\_\_\_\_

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

### Procedures After the Event:

Security Deposit:      Refunded or      Retained      Date: \_\_\_\_\_

Refunded to, or Reason for Retention:

\_\_\_\_\_  
Name & Address

\_\_\_\_\_  
(Post Rep. Signature & Title)

\_\_\_\_\_  
(Printed Name of Post Representative)