



RALPH HOLEWINSKI
VFW POST 1518 Gaylord, MI

VFW ROOM(S)

Space Use Application and Agreement

Date(s) of Event: _____

Name of Organization/Individual: _____

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

ROOM USE REQUEST:

Meeting Room (A): Meeting Room B: Meeting Room A&B

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 Organization/VFW Member/Veteran: No Usage Fee. Security Deposit: \$50,
Non-refundable cleaning fee: \$50

Individuals or For Profit Organizations: Usage Fee: \$20/hour per room. Security Deposit: \$50
Non-refundable cleaning fee: \$50

VFW Post 1518 allows the Requester use of: **VFW Room(S), 1200 Gornick Ave, Gaylord, MI**

- | | |
|--|-------------------------------------|
| *Occupancy 24 each room | * Unisex restroom |
| *WIFI is available | *Divider between Room A&B |
| *No tape/nails on walls | *Contact person must be present |
| *No smoking in meeting room(s) | *Room is to be left as you found it |
| *All Catering Food & Beverages (soft/alcohol) through Gaylord Bowling Center | |

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 incurred during use, and shall remain on premises for the duration of event rental. 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 VFW Rooms.

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)