



*"Building a community that values, empowers and supports seniors, adults with disabilities and their caregivers"*

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## Application for Room Use

Date of Application: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Organization (if applicable) : \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ ☐ Personal ☐ Business

Alternate Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Event Date Requested: \_\_\_\_\_ Estimated # of Attendees: \_\_\_\_\_

Time Requested: \_\_\_\_\_ to \_\_\_\_\_ (including set up, takedown & cleanup) Total # of Hours: \_\_\_\_\_

Purpose of Function: \_\_\_\_\_

Room Requested: ☐ Atrium ☐ Boardroom ☐ Classroom A  
☐ Classroom B ☐ Dining Room ☐ Wellness Studio

Grounded Café Catering Requested: ☐ Yes ☐ No Private Event: ☐ Yes ☐ No

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### Event Details/Room Setup/Catering (if applicable)

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Special Requests: ☐ Easel ☐ Whiteboard ☐ Podium ☐ Video/Sound ☐ Tech Support  
☐ Handheld Microphone ☐ Lapel Microphone ☐ Large Screen Monitor ☐ Public Computer

Other: : \_\_\_\_\_

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Please initial each line to acknowledge that you read and agree to the following:

\_\_\_\_\_ **Alcohol is not permitted without proof of proper permits. NO SALES OF ALCOHOL ALLOWED.**

\_\_\_\_\_ **I agree all outside doors will remain locked and not propped open at any time after hours.**

**For urgent needs during your event, call (920) 448-4397**

ADRC reserves the right to cancel and/or relocate any reservation if the reservation threatens the integrity of ADRC, for misrepresentation of information on this application, unsafe facility conditions, weather conditions, or terms of the code of conduct.

Indemnification - Except to the extent paid in settlement from any applicable insurance policies, and to the extent permitted by applicable law, each Party agrees to indemnify and hold harmless the Party, and its respective affiliates, officers, agents, employees, and permitted successors and assigns against any and all claims, losses, damages, liabilities, penalties, punitive damages, expenses, reasonable legal fees and costs of any kind or amount whatsoever, which result from or arise out of any act or omission of the indemnifying party, its respective affiliates, officers, agents, employees, and permitted successors and assigns that occurs in connection with this agreement. This indemnification will survive the termination of this agreement.

I have read the Building Use Handbook and will follow and enforce its directions.

Businesses and public events shall provide proof of insurance outlining the aforementioned.

Lessee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADRC Building Use Team Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### ***Donation Commitment*** (Please complete the appropriate group section)

Thank you for your commitment to cover a portion of the ADRC room hospitality costs.

☐ **Non-ADRC Groups:** The base rate is \$30 per room for up to 2 hours with an additional \$10 per additional hour. A group's set-up and clean-up times are part of the hours total. If meeting after business hours requires staffing for group needs, set-up or clean-up, it is \$25 per hour spent.

\$30 base + \_\_\_\_\_ (\$10/hr. over 2) + \_\_\_\_\_ (\$25/hr. staff time) = \$ \_\_\_\_\_ (Total to be paid)

☐ **ADRC Groups** are asked to donate as a group or individuals toward the group account. Our group intends to donate this much and this way:

☐ **Donation Waiver Application:** I herein request our activity/event/class be considered for a reduced rate or full waiver of donation for room use for the reason of:

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### ***For Office Use***

Scheduled Room in Outlook:

☐ Atrium ☐ Boardroom ☐ Classroom A ☐ Classroom B ☐ Dining Room ☐ Wellness Studio

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Paid By: \_\_\_\_\_ ☐ Cash ☐ Check (# \_\_\_\_\_) ☐ Card ☐ Prepay