

DISCOVERY CENTER RESERVATION REQUEST

For Office Use Only:

Date Received:

___ Received By: ___

Section I - Fee Schedule

City Residents and City Non-Profits

Fees for renting Mill Mountain Discovery Center for city residents and city non-profits are as follows:

- \$175.00 for the first two hours
- \$50.00 for each additional hour
- \$100.00 refundable damage deposit, \$500.00 if event has alcohol

Non-City Residents. Non-City Non-Profits, and For Profits

Fees for renting Mill Mountain Discovery Center for non-city residents, non-city non-profits, and for profits are as follows:

- \$350.00 for the first two hours

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- \$100.00 for each additional hour
- \$100.00 refundable damage deposit, \$500.00 if event has alcohol

Section II - Applicant and Event Information

Group or Individual Applicant Name:	Main Contact:
Address:	
Email:	
Home Phone: Work Phone:	Mobile Phone:
Event Description:	Number of Expected Guests:
City Resident? 🗌 Yes 🗌 No	
Will Alcohol Be Served? 🗌 Yes 🗌 No 🛛 If Yes, an Alcoh	ol Permit Application is required
Event Start Date:	Event End Date:
Event Repeats (i.e., first Monday of each month, etc.):	
Event Start Time (to include set-up):	Event End Time (to include clean-up):

Section III - Indemnification and Authorized Signatures

The applicant hereby acknowledges and confirms that the information listed above is true and accurate and takes full responsibility for the planned event and rental of Roanoke Parks and Recreation facilities and/or equipment. Lessee warrants that all copyrighted materials performed by Lessee or used by Lessee under this Agreement, or performed or used by any person appearing or performing in the event or activity which is the subject of this Agreement, have been duly licensed or authorized by the copyright owners or their representatives, and the Lessee agrees to be responsible for all license and royalty fees incurred by reason of the performance, and to defend, indemnify and hold the City of Roanoke, its officers, employees, agents and representatives, harmless from any and all claims, losses, or expenses incurred with regard thereto.

Applicant Signature: Date:			
For Office Use Only			
Fee Calculation: First Hour: <u>\$</u> Additional Hou	rs: X <u>\$</u> = <u>\$</u>	Damage Deposit: <u>\$</u>	
Alcohol Permit: <u>\$</u> Total Due: <u>\$</u>			
Special Considerations: 🗌 Neighborhood Partnership 📄 Roanoke City Public Schools 📄 Co-Sponsored Event 📄 Internal Use			🗌 Internal Use
Workflow Approvals (Initial and Date): /	/	/	/