



HQB Room Reservation Form

Contact Name: _____ Group/Organization: _____

Check all that apply: Individual/Private Non-profit For-profit Government Employee/HQB Partner

Telephone: _____ Email: _____

Address: _____ Fax: _____

City, State, Zip: _____ Prefer for notification: Email Fax Phone

Activity/Event type (ex: meeting, party): _____

Detailed description of the event: _____

Event Time: _____ Day _____ Date ____/____/____ Start Time _____ End Time _____

Contact Person at Event _____ Est. Attendance* _____

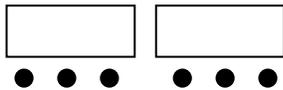
**If you are planning a regular, recurring meeting schedule (weekly, monthly, etc.), please attach an additional sheet listing ALL dates, start & end times. Please mark any dates with exceptions regarding attendance and set up details.*

Room requested: **Canteen** **Club Room A** **Club Room C**
Hourly rate (max capacity**) \$100/hr (190 max) \$50/hr (35 max) \$60/hr (115 max)

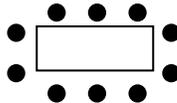
***please note: maximum capacity does NOT include table space or other setups below. Actual capacity depends on room arrangement.*

Set up: Check one preferred arrangement If you have special set up needs, please attach a diagram and any additional information regarding the set up to help ensure proper layout prior to the event. Special setups must be approved prior to event.

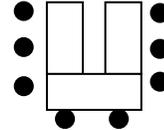
Classroom



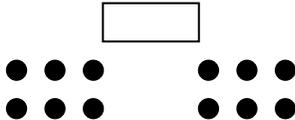
Conference



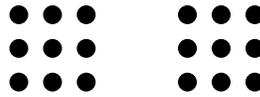
U-Shape



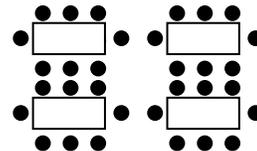
Theatre w/ head table



Theatre WITHOUT head table



Banquet / with or without head table



Special setup equipment: Please be specific regarding any additional equipment needs you have:

- Microphone (\$15) Podium (\$10) TV/VCR/DVD (\$20) White Board (\$10)
- Easel (\$5) Overhead Projector (\$15) LCD Projector (\$25) Projection Screen (\$10)

Waiver and Release

By signing below I acknowledge that I **waive and release** any and all rights and claims for damages I may have against Hallie Q. Brown Community Center, Inc., its representatives or assignees, for all injuries or loss of property suffered by me or my group, organization, or company while using the requested facility/room, unless such injury is caused by the active negligence of the Hallie Q. Brown Community Center, Inc., or its employees or agents. I have read and agree to follow **all the conditions** outlined in the *Hallie Q. Brown Room Reservation Policy* for the use of space. I, the undersigned, hereby understand and agree that the above named group, organization, or company will be totally responsible for facilities used including the premises. I also understand that alcoholic beverages cannot be served while using the facility. I understand that this reservation is not guaranteed until a signed reservation agreement form has been received. I acknowledge, understand, and will abide by the **maximum capacity** listed for the facility/room being used.

Applicant Signature: _____ Date: _____

INTERNAL USE ONLY Approved Denied Fee: _____ Signed: _____