

**Gambier Community Center  
Reservation Request**

NAME OF ORGANIZATION OR GROUP \_\_\_\_\_

NON-PROFIT ORGANIZATION \_\_\_\_\_ FOR-PROFIT ORGANIZATION \_\_\_\_\_

PERSON IN CHARGE \_\_\_\_\_ PHONE # \_\_\_\_\_

ALTERNATE CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

ROOM(S) OR SPACE REQUESTED \_\_\_\_\_

DATE(S) \_\_\_\_\_ TIME (FROM) \_\_\_\_\_ (TO) \_\_\_\_\_

PLANNED ACTIVITIES/USE \_\_\_\_\_

COMMENTS \_\_\_\_\_

RENTAL RATES FOR AFTER HOURS: \$25.00 PER, HOUR PER ROOM

MINIMUM CHARGE: THREE (3) HOURS = \$75.00

ADDITIONAL DEPOSITS OR FEES MAY APPLY -- i.e., CLEANING AND/OR PROPERTY DAMAGE FEES

**ALL FEES MUST BE PAID IN ADVANCE**

THE VILLAGE OF GAMBIER IS NOT RESPONSIBLE OR LIABLE FOR ANY ACCIDENT OR INJURY TO ANY PERSON WHILE ON VILLAGE PREMISES OR WHILE USING VILLAGE OF GAMBIER PROPERTY OR EQUIPMENT, NOR IS THE VILLAGE RESPONSIBLE OR LIABLE FOR ANY LOSS OR DAMAGE TO PERSONAL PROPERTY. GROUPS MAY BE REQUIRED TO PROVIDE ADEQUATE LIABILITY INSURANCE COVERAGE FOR CERTAIN ACTIVITIES.

GROUPS AND ALL PERSONS AGREE TO ABIDE BY THE ABOVE TERMS AND STIPULATIONS AND ANY/ALL OPERATIONAL RULES OF THE VILLAGE BY SIGNING THIS REQUEST FORM.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

**MAKE CHECKS PAYABLE TO: THE VILLAGE OF GAMBIER**

**RETURN FORM TO: SUZANNE HOPKINS, VILLAGE ADMINISTRATOR  
THE VILLAGE OF GAMBIER  
P.O. BOX 1984  
GAMBIER, OHIO 43022**

**RESERVATIONS ARE NOT CONFIRMED UNTIL APPROVED BY A VILLAGE OFFICIAL.**

FEE REMITTED: \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

\_\_\_\_\_  
VILLAGE OFFICIAL