Washoe County Senior Center Room Reservations

Date of Application:				
Name of Group: Contact Name: Contact Phone: Contact Address:				
Type of Activity:				
How many expected attendees:				
Room reservation request for <i>(check one)</i> ☐ Reno multi-purpose room ☐ Reno Game Room ☐ Sparks multi-purpose room ☐ Sparks Game Ro				
Reservation	<u>ı details</u>			
Date: Start time: End t ⇒ Please include set-up and clean-up time for s				
\square One-time use or Recurring: \square Weekly, \square Monthly, \square Other (Please List) *Please note recurring reservations are for a maximum of 6 months*				
Other important information/special equipment n	eeded:			
Insurance Requirement: \$1,000,000. Please provide "Washoe County Community Development" listed prior to the event.				

# of Participants	Refundable/Cleaning Deposit	Time Peri	od Details
0 -300	<i>\$500</i>	Set-up Time:	
Senior Rate	<i>\$100</i>	Event Start:	
		Event End/Clean-up:	
		Leaving Building:	

Room Rates	4-hour minimum	Cost	Hours Hourly Rate	Total Cost
Multi-Purpose/Dining Room	\$400	\$100/hr		
Senior Rate (for Senior Related Activity)	4 Hours at	Contracted		
	Contracted	Security		
	Security Rate	Rate		

^{*}Reservation rates are based on the cost for security (4-hour minimum) and facility charges (i.e. heating, cooling, electricity)*

Additional Guard Requirements-

- o 100-200 people: 2 guards at current contracted rate
- 200-300 people: 3 guards at current contracted rate

Additional Information:

- * Reservations can be made one year in advance from the current date
- * Reservations must be made at least 30 days in advance
- * All fees are due at the time the reservation is made
- * Alcohol is not permitted
- * Hours <u>must</u> include your set up and clean up
- * No open flames permitted (floating candles, candles, tiki torches or other open flame articles)
- * No tape, tacks, or nails can be used for decorations
- * No piñatas, glitter, confetti, rice, or birdseed permitted
- * All Washoe County buildings are non-smoking facilities

Deposit Amount: Rental Amount: Total Amount Due:	Fee Received Date: Insurance Received Date:
Applicant Signature:	Date:
Agency Rep Signature:	Date: