

## Merriam Historic Plaza & Visitors Bureau Meeting Room Rental Application

Application Date:	
Rental Date:	
Rental Time:	

As a condition precedent to the issuance of a permit for the use of the Meeting Room at Merriam Historic Plaza & Visitors Bureau, I, the undersigned, agree to the following terms and conditions and assume the responsibility to ensure that my attendees, guests and I abide by all rules and regulations governing the use of the facilities.

It is understood that the City of Merriam, Kansas its officials, officers, and employees, will not be responsible for accidents, injuries, illness, or loss of group or individual property relating to the use of the Merriam Historic Plaza & Visitors Bureau Meeting Room. I agree to indemnify and hold harmless the City of Merriam, Kansas, its officials, officers, and employees, against and from any liability whatsoever arising from the use of the meeting room by my attendees, guests and/or me.

- I agree to be present during all hours of the rental function, or to provide a contact person for the staff who will be supervising the facility.
- I agree to be responsible for the following clean-up functions at the conclusion of the rental: Removing trash, decorations, and personal property, cleaning off tables and chairs and floor cleanup.
- I agree to be responsible for damages caused by my attendees, guests, and me. Damages will be deducted from the deposit check or billed to me if they exceed deposit amount.
- Cancellation Policy: Cancellations made at least 7 days prior to the rental date will receive a full refund of all fees and deposits paid, less a \$10 processing fee. Rentals cancelled less than 7 days in advance of rental day will forfeit all pre-paid fees; security deposit will be returned.

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

Applicant (print name): \_\_\_\_\_ Phone: \_\_\_\_\_

Group or Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

What is the purpose of your rental? \_\_\_\_\_

No. of persons expected to attend: \_\_\_\_\_

Will food/beverages be served? \_\_\_\_\_

What style would you like the room to be set-up?

Board Room  seats 24

Classroom  seats 30

Theatre  seats 45

Other: (please specify)

Staff Use Only:	
Application Received:	
Amount:	
Check / Credit Card	
Name on Card:	
Card #:	
Exp Date:	
3-dig code:	
Deposit Returned:	
Staff Member:	