## **CITY OF ESCANABA RECREATION DEPARTMENT**

**Application for Use of Civic Center Facilities** 

Date of Application:				
Name of Organization:				
Contact Person:	Phone #: _	Phone #:  City/State/Zip:		
Address:	City/State/Z			
Room/Facility Requested: Room 121 (circle one) Kitchen	Room 114 Main Room  Gym Gameroom	·		
Date of Program or Meeting:				
Time:				
Special Equipment/Furniture/Set-up Nee	eded:			
ESCANABA RECREATI P. O. BOX 948 ESCANABA, MI 49829- Checks written to: City  Checks written to: City  See payment schedule on back. Adult supervision required for you Gym & Gameroom activities reses No smoking allowed at the Civic If you have questions, call the Received	ON DEPARTMENT  O948  of Escanaba  outh functions. erved for students in grade Center.	es 4th – 12th.		
It is understood that persons and/or or familiar with the Reservation Policy which THE CITY OF ESCANABA AND/OR IT	ch outlines reservation fee	s and participant's	s responsibilities.	
OR LOSSES SUFFERED AS A RESUL				
Amount received: Date:	Cash/Check #:	Rec	э. By:	
Set-up/inspection Attendant Initials: Clean-up/inspection Attendant Initials:				
Comments:				

## **CIVIC CENTER RESERVATION FEES**

(Fees Revised 07/01/23)

Room Reservation Fee

Club Room \$20.00/hour/resident \$25/hour/non-resident

Main Meeting Room \$25.00/hour/resident \$30/hour/non-resident

Senior Activity Room (after 4:00 p.m. M-F) \$20.00/hour/resident \$25/hour/non-resident

Meeting Room 121 \$20.00/hour/resident \$25/hour/non-resident

Kitchen \$10.00/2 hours

Pistol/Archery Range \$20.00/hour

Gym \$40.00/hour/resident \$50hour/non-resident

Gym ½ Court \$25.00hour/resident \$30hour/non-resident

Failure to Cancel \* base rate x number of hours reserved

<sup>\* 48</sup> Hour Notice required to cancel reservation