

# Application for Meeting Room Use

Breckenridge Grand Vacations Community Center and Summit County South Branch Library

Applicant Name _____		
Organization: _____		
Contact Phone Number: _____	Email: _____	
Mailing Address: _____	City _____	State/Zip _____
Meeting Name: _____	Number of Participants: _____	
Type of Meeting (ex. Party, HOA Meeting): _____		
Date(s) of Meeting: _____		

<p><b>Hopefull/Discovery Rooms</b> -\$25/hr Community &amp; Non Profit - \$50/hr (Private and Other)</p> <ul style="list-style-type: none"> <li>50 person capacity each, can be combined</li> <li>Tables &amp; Chairs</li> <li>90" Display Monitors</li> <li>Dry-Erase Boards</li> <li>Conference Phone &amp; microphones available</li> </ul>	<p><b>Tip Top Room</b> -10/hr</p> <ul style="list-style-type: none"> <li>8 person capacity</li> <li>Table &amp; chairs</li> <li>Dry-erase board</li> <li>Conference phone available</li> </ul>	<p><b>Harris St. Kitchen</b> No Additional Charge</p> <ul style="list-style-type: none"> <li><u>Must bring own cleaning supplies</u></li> <li>Warming Oven</li> <li>Dishwasher</li> <li>Refrigerator &amp; Freezer</li> <li>Sinks &amp; Counters</li> </ul>
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**Audio/Visual Equipment Available:** Dry Erase Board, Dry Erase Board Markers, Conference Phone, Microphone(s), 90" Display screens, HDMI Cable, VGA Cable, Assisted Listening Devices, Blu-ray player.  
**Tell us what you need and bring a Summit County Library Card to check them out.**

**Damage Deposit** - \$100 damage deposit is required for all room rentals; \$300 for events serving alcohol. Checks will be returned or shredded following the room rental if no additional fees are incurred.  
**Amount Received** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date** \_\_\_\_\_

**For ALL Room Applicants - read, initial and sign full name below:**

\_\_\_\_\_ I have received, reviewed, and agree to comply with the regulations set forth in the Breckenridge Grand Vacation Community Center and Summit County South Branch Library Meeting Room Use and Fee policies.

\_\_\_\_\_ I understand and take full responsibility for returning the room to standard condition **including returning tables/chairs to the configuration provided in room layout diagram.** I understand that a \$25 fee will be assessed for rooms not left in standard condition.

This signature indicates all information in this application is complete and accurate.

# *Application for Meeting Room Use*

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**For events which will include the service/consumption of alcoholic beverages:**

**1) Private party serving alcohol to invited guests (NO SALES of alcohol) requirements:**

\_\_\_\_\_ Adequate proof of general liability insurance

\_\_\_\_\_ Signed indemnification clause below.

**Initial:** \_\_\_\_\_ I have reviewed the general facility and alcohol policies and agree to comply with them.

**2) Events involving alcohol sales requirements:**

\_\_\_\_\_ Special Event liquor license for liquor sales (Contact Town of Breckenridge Clerk for application details)

\_\_\_\_\_ Adequate proof of general liability insurance

\_\_\_\_\_ Signed indemnification clause below.

**Initial:** \_\_\_\_\_ I have reviewed the general facility and alcohol policies and agree to comply with them.

Applicant Signature

Date