

2024 Mount Hood Room Rental Application Parks and Recreation Administrative Building

City of Wilsonville
Parks and Recreation
29600 SW Park Place
Wilsonville, OR 97070
Ph 503-783-PLAY (7529)
ParksandRec@ci.wilsonville.or.us

HOST/ORGANIZATION INFORMATION (PERSON/GROUP RESPONSIBLE)	
Host/Responsible Party:	
Please select your classification: <input type="checkbox"/> Individual/Business <input type="checkbox"/> 501©3 Non-Profit	
Address:	City, State, ZIP:
Phone:	
Primary Contact:	
Contact Phone:	Email:
EVENT INFORMATION	
Requested Date(s):	
Nature of Meeting:	
Start time (including set-up):	End time (including clean-up):
Estimated Attendance:	
FEES (see page 2)	
Room Rental Fee (number of hours x hourly rental fee)	\$
PAYMENT	
Method of Payment: <input type="checkbox"/> Card* (Visa, MC, AMEX) <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ (Payable to the City of Wilsonville)	
<i>*if submitted electronically, applicant will be called to collect payment information when application is received</i>	
<p>I have read, understand, and agree to the guidelines and regulations stated in the attached Facility Use Policy and Procedures. By my signature, I agree to hold harmless and indemnify the City of Wilsonville, its officers, agents and employees for all claims arising from the use of facilities resulting in bodily injury, property damage or personal injury, including but not limited to, settlements, judgments, costs and attorneys' fees.</p>	
Applicant's Signature:	Date

MOUNT HOOD ROOM RENTAL FEES	
Room Rental* (2 Hour Minimum)	Cleaning & Damage Deposit
Individual/Business	
\$40/hr	Credit Card on File
501c3 Non-Profit	
First 2 hours** free, \$10 each additional hour	Credit Card on File
Room Capacity	
12 Comfortably (seated 2 per table) 20 Max. (auditorium style)	Six Tables (5' x 2.5') Twenty Chairs
<u>Includes:</u> ceiling-mounted overhead projector and screen, computer (Windows 7 operating system), counter with sink, dry-erase board (40"x46"), easel pad (20"x30") and bulletin board (18"x39").	

*Residency is based on the permanent address of the responsible party. The responsible party shall incur all costs and be responsible for damages.

**501c3 non-profits are eligible to have the rental fees for the first two hours of reservations waived.

Proof of 501c3 non-profit status is required.

Wilsonville Parks and Recreation Facility Use Policies and Procedures

GENERAL INFORMATION

Any person at least 21 years of age, or any organized group may submit an application to reserve City facilities. Facilities may be reserved for ongoing or for one-time events. Reservations are made on a first-come, first-served basis. You may check availability over the phone, but your call to check on a date does not guarantee that date for you. A completed application, including all necessary forms, fees and deposits must be submitted to hold your request. Requests received within 30 days of the event must be paid for by cash or credit card. No checks will be accepted for late reservations. *Facilities are not available to rent on City-recognized holidays.*

All applications are subject to review and approval by the Parks and Recreation Department. Use Agreements are not transferable. A new application must be submitted with all appropriate fees, for each new date requested, or set of ongoing dates.

Residency is based on the permanent address of the responsible party. The responsible party shall incur all costs and be responsible for damages and liability. Any refunds will be issued to the responsible party.

AMENDMENTS

An amendment fee of \$25 will be required if a date change is requested. Amendment requests must be made at least 2 weeks prior to the date of your rental.

RENTAL CONFIRMATION

You will receive a receipt via email when your application is processed. Upon approval of your event, a permit will also be emailed to you, which should accompany you on the day of your meeting.

FACILITY HOURS OF USE

The Mount Hood Room may be reserved between the hours of 7:00 am until 10:00 pm and reservations may be made up to one year in advance.. A key fob will need to be checked out to the user group for reservations outside of normal business hours.

SPECIAL RESTRICTIONS

- Smoking is not allowed on the premises.
- Alcohol is not allowed on the premises.
- Local non-profit organizations directly serving children are eligible to have the rental fees for the first two hours of reservations waived.

EQUIPMENT

- Applicant is responsible for room setup and takedown. If it is necessary for staff to put furniture back in place, the applicant will be assessed a minimum of \$50 to be charged to the credit card on file.
- Under no circumstances are chairs, tables or other equipment to be removed from the building.
- Equipment, supplies or other products belonging to private groups may not be stored in the facility or on the grounds prior to, or after the applicant's event.

CLEAN UP

All garbage should be placed in appropriate containers and restrooms left tidy. Please leave the room as clean as you found it.

CANCELLATIONS/REFUNDS

If you find it necessary to cancel your reservation, a written request is required, providing the following

More than 60 days prior to date of reservation:

- Room rental fee will be refunded.

Less than 60 days, but more than 30 days prior to date of reservation:

- 50% of room rental fee will be refunded.

Less than 30 days prior to date of reservation:

- 100% of room rental fee will be forfeited.

Ongoing Reservations: If cancelled prior to the end of the contract, room rental fees for reservation dates occurring within 30 days of the cancellation date will be withheld, but all room rental fees for reservation dates occurring more than 30 days from the cancellation date will be refunded.

ALL REFUNDS WILL BE PROCESSED WITHIN 30 DAYS.

WE DO NOT HONOR CANCELLATIONS OR REFUNDS DUE TO INCLEMENT WEATHER.

TO BE COMPLETED BY APPLICANT

The City of Wilsonville reserves the right to cancel or change facility use agreements when deemed necessary. Failure to comply with Facility Use Policies and Procedures will be grounds for cancelling the facility use agreement and denying future applications.

I understand my responsibilities and obligations as outlined above. I also state that I am authorized to sign this statement on behalf of the organization or group listed below.

SIGNATURE OF APPLICANT: _____

GROUP OR ORGANIZATION: _____

PHONE: _____

DATE SIGNED: _____