



REACH OUT LODI, INC. COMMUNITY AND RESOURCE CENTER

601 Clark Street Lodi, WI 53555 / 608-592-4592

Reach out Lodi Contact: _____ Phone # _____

Email _____

Facility Use Agreement

Name of Event/Organization	
Contact Person	
Address	
Email	
Phone #	
Date and time requested	
Estimated Attendance	
Time of Event	Start time: _____ End time: _____
Time in and out of center	In: _____ Out time: _____
Is event open to public?	Yes No

Additional ½ hour before and after event is included for preparation and removing personal belongings.

Events end by 9:00 PM

Cost Share _____ paid _____ Security Deposit _____ paid _____

I have read, understand, and agree to abide by the policies and risk statement of the ROL Inc. Community and Resource Center that are attached to this Facility Use Agreement.

Center Staff Signature

Facility User Signature

Date: _____

Date: _____

Set up requests: _____

Does Facility Renter have access or how will renter get in building and lock up?

For emergencies call 911

Post Event: Date security deposit returned to renter _____