City of Wainwright Facility Use Form

Name of Organization: _____

Home or Business Address: _____

Contact Person: _____ **Phone:** _____

Facility Requested: _____**Community Center** _____**City Office**

If you want City Staff to Clean after your use, there will be a $150.00 fee

Clean on your own ___ City Staff Cleaning ___

Date(s) of Intended Use: _____

Time of Use ____:_____AM/PM to _____:_____AM/PM

Purpose of Use: (Please describe in detail and if more than one day use please include time each day)

_____

_____

_____

Equipment Needed: (tables, chairs, projector/screen, PA system, etc.)

_____

_____

Printed Name of Applicant_____

Signature and Date_____

Office use only

____Waived _____ $50.00/day _____ $250.00 /day

Total due: _____

***City Staff will determine the Facility Use Fee**

Facility Approved By: _____