



Name of Organization: _____

Contact Person: _____ FEI/EIN #: _____

Title within Organization/Community Group: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Web Site Address: _____

E-Mail: _____

Open to the Public: _____ Open to Group Members Only: _____ Annual Membership Dues: \$ _____

Date Room Requested: _____ Function Time: From _____ to _____

Number of Hours: _____ Estimated Attendance: _____ Food/Catering: ___Yes ___No

Room Rental Purpose: _____

Please provide a brief outline of your Organization/Community Group and indicate its objectives/services: _____

Please provide a written statement of need explaining why fee waiver is being request: _____

I have read, understand and agree to abide by the VOPB Park Rules & Regulations and Facility Rules & Regulations. I attest the applicant organization is eligible and meets the criteria for fee waiver as established in Ord. 2012-12. I understand that the Village has first priority for use of the Edward and Arlene Feller Community room over any nonprofit organization or community group, and the organization or community group will be required to move their meeting to another time and/or date to accommodate the Village's use of the room. Should the nonprofit organization or community group requesting and/or receiving an administrative waiver of the rental fees conduct a fund raising activity in the Edward and Arlene Feller Community Room, the organization or group will be required to pay the full rental amount. A request for waiver of the rental fees must be issued at least ten (10) days prior to the requested day of use. The Edward and Arlene Feller Community room can only be used for up to ten (10) hours a week by community groups or nonprofits. The Edward and Arlene Feller Community Room is limited to once per week by nonprofit organizations and community groups who are seeking use through administrative waiver of rental fees. I will assume full responsibility for cleaning the facility and returning the furnishings to their original position and otherwise have the facility ready for inspection following the rental. I understand and acknowledge that I am the representative of applicant organization and have complete responsibility for any damage done to the facility or its furnishings during the period of my reservation. I understand the deposit may be refunded if facility is returned to its original condition. The Village of Palmetto Bay values and recognizes the role of community groups and organizations within the Village and I acknowledge the Village Manager shall review the request and award the room rental fee waiver. I understand this decision is final and not subject to appeal.

Signature

Date

Approved:

Denied:

Ron E. Williams, Village Manager

Fanny Carmona Gonzalez, Parks Director

Deposit \$500 Check #: _____ Received by: _____