

This application must be filled out completely by an adult 21 years of age or older (contact person). All youth participating in a rental must have adult supervision at all times. All appropriate fees and deposits must accompany this form prior to the application being approved.

Date of Event _____ Date of Application _____

RENTER INFORMATION (PLEASE PRINT CLEARLY):

Name of Applicant _____ Organization _____

Address _____ City _____ State _____ Zip _____

Email _____ Cell Phone _____ Work phone _____

EVENT INFORMATION:

Purpose of Use _____ Estimated Attendance _____

Room Rental Hours START _____ am / pm END _____ am / pm

ROOMS REQUESTED FOR USE:

- | | | |
|---|--|--|
| <input type="checkbox"/> Full Plymouth Room | <input type="checkbox"/> Black Box Theater | <input type="checkbox"/> Conference Room 1 |
| <input type="checkbox"/> 1/2 Plymouth Room | <input type="checkbox"/> Meeting Room 1 | <input type="checkbox"/> Conference Room 2 |
| <input type="checkbox"/> A | <input type="checkbox"/> Meeting Room 2 | <input type="checkbox"/> The Alcove |
| <input type="checkbox"/> B/C | <input type="checkbox"/> Meeting Room 3 | |
| <input type="checkbox"/> 1/4 Plymouth Room | <input type="checkbox"/> Fireside Room | |
| <input type="checkbox"/> B (w/stage) | | |
| <input type="checkbox"/> C | | |

Catering and Beverages: (outside food and beverages are not permitted in the PCC or Garden)

Will food be served at this event? Yes _____ No _____ (Must use PCC exclusive food and beverage provider)

Will alcoholic beverages be served? Yes _____ No _____ (Must use PCC exclusive food and beverage provider)

Equipment: Please see Rental Rates for fees.

- | | |
|---|---|
| <input type="checkbox"/> TV/DVD | <input type="checkbox"/> Wireless Mic (Plymouth Room or Blackbox Theater) |
| <input type="checkbox"/> LCD projector w/screen | <input type="checkbox"/> Easels |
| <input type="checkbox"/> Flip Charts | <input type="checkbox"/> Screen only |

Upon application approval, the City of Plymouth shall make available to the holder of the permit the Plymouth Creek Center's facilities for use on the date specified, and shall provide custodial services, building supervision, and police services (if required). The City reserves the right to exercise supervisory authority and to prevent unauthorized or illegal activities on City property. The City shall not be responsible for interruptions of the use of the described facilities for reasons beyond its control, and reserves the right to cancel this permit for reasons of public safety or convenience.

I (We) represent and agree that I (we) have read and understand the information regarding the use of the Plymouth Creek Center, including cancellations procedures, liabilities and responsibilities assumed, times and curfews, and maximum room capacities. I (We) further understand that this is only an application for use which provides me (us) with no assumed or implied rights for use until written approval is received. I (We) further understand that fees paid are non-refundable in accordance with City policies recited in the Policy For Use of the Plymouth Creek Center.

Specifically, and without limiting the generality of the foregoing, the holder of this permit agrees to save, defend and hold harmless the City for any damages to City personnel, facilities, equipment or other City property, or to the property and/or person of any third party resulting from the use authorized hereby. The City shall not be liable for death or injury of any such person occurring as a result of the use of the facilities authorized hereby.

SIGNATURE OF APPLICANT _____ DATE _____

Visa/MasterCard/Discover/American Express # _____ - _____ - _____ - _____ Exp Date _____

Name on Card _____

(PCC accepts cash, checks or credit cards. Please make checks payable to the Plymouth Creek Center)

PLYMOUTH CREEK CENTER

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763-509-5280 | www.plymouthmn.gov