

Date Received:

Time:

Initial:



Commerce City Parks, Recreation & Golf
BISON RIDGE RECREATION CENTER
FACILITY RENTAL REQUEST

APPLICANT & RENTAL INFORMATION:

Form with fields for: FIRST & LAST NAME, BIRTHDATE, CONTACT NUMBER, EMAIL ADDRESS, STREET ADDRESS, CITY, STATE, ZIP, EVENT TYPE / ACTIVITY, REQUESTED DATE(S), ALTERNATE DATE(S), REQUESTED TIMES, ESTIMATED ATTENDANCE, REQUESTED ROOM(S) / AREA(S), REQUESTED EQUIPMENT, SUPPLEMENTAL INFORMATION.

Completion of this form is a REQUEST ONLY. At this time, your request is pending. If your request is approved, our facility staff will contact you regarding next steps.

Large text area for: Please provide a detailed description of your event (i.e. set-up plans, what your event is, how many people will attend, etc...):
Do you have any special needs or requests for this event? (i.e. set-up needs, audio visual needs, tables/chairs)

PLEASE REVIEW RENTAL REQUEST & CANCELLATION POLICIES ON OPPOSITE SIDE
RENTER MUST SIGN & DATE - - - >>>

RENTAL REQUEST POLICIES

1. Requests must be submitted at least two (2) weeks prior to the date requested and will be considered on a first-come, first-serve basis.
2. If you selected "YES" to serving alcohol at your event, requests must be submitted at least 30 days prior to the date requested and must include an alcohol permit application. This form can be found on the website and has a \$50 non-refundable application fee assessed ONLY if the event and application are approved. Commerce City Parks, Recreation and Golf will determine whether or not alcohol may be served.
3. If you selected "Yes" to having a catered event, you will need to submit a copy of the catering company's Commerce City General Business License.
4. Requests are reviewed on a weekly basis; please allow 2-3 business days for processing.
5. Requests may only be made according to the following schedule:
 - a. Nov. 1st: Reservations accepted for December – March
 - b. Mar. 1st: Reservations accepted for April – July
 - c. July 1st: Reservations accepted for August – November
 - d. Year in Advance: ONLY if reserving all three Community Rooms for the same event
6. A two (2) hour minimum is required for all rentals except for those renting out all three community rooms. If reserving all three community rooms, there is a four-hour rental minimum for payment. A one (1) hour minimum is required for all conference rooms. Rental time must include all set-up/clean-up time required by the renter.
7. Rental hours are Monday – Friday: 6am – 9pm; Saturday 7:30am – 6:30pm; Sunday 8:30am – 5:30pm. After-hours rentals are available for an additional fee.
 - a. To allow for drop-in use, no gym rentals are allowed after 5pm on weekdays
 - b. After hour rentals are until 12 am.
8. Renters are limited to two (2) weekday and one (1) weekend rental per month. Long-term rentals will **not** be approved unless they provide a direct benefit to the community as determined by the Facility Coordinator/Supervisor.
9. Facility rentals will not be considered final until request is approved, facility rental agreement is signed and full payment is collected.
10. Rental fees are due in full three (3) days after rental confirmation for rentals booked two (2) weeks or more prior to date requested. Rental fees are due in full at the time of booking for all rentals within two (2) weeks of date requested. Any rentals not paid in full by the due date are subject to cancellation.
11. Charges for rentals booking all three community rooms are eligible to complete payment in the following manner:
 - a. At the time of confirmation/booking = 25% of the total event cost+ damage deposit
 - b. 6 months out from the day of the event = 50% of the total event cost (total of 75%)
 - c. 1 month out from the day of the event = remaining 25% of the total event cost (100% of rental fees must be in)
12. Those renting out all three community rooms within 6 months of the event are required to pay 75% of the total event cost + damage deposit within 3 business days of the confirmation. The remaining 25% of the rental fees are then required at least 30 days out.
13. A refundable \$50 per room damage deposit applies to all rentals in addition to rental fees. The damage deposit will be refunded provided there is no damage to the rental area and the rental area is left in the same condition in which it was found. Deposit may be withheld if renter arrives early and/or leaves late. Deposit will only be refunded to the applicant listed in the form of check or credit card (no cash refunds) and may take 2-4 weeks to process.
14. Facility staff will determine appropriate staffing levels required for your event to run successfully. If additional staff are needed, you will be assessed additional fees to the overall rental charge. Staffing levels vary pending event type, size, location, and time.
15. The Parks, Recreation and Golf Department may require an off-duty police officer at rentals if deemed necessary at the renter's expense.
16. Special equipment use (i.e., microphones, projectors, extension cords, etc.) May require additional fees and must be returned upon completion of the event. If equipment is not returned, is lost, or is not in operable condition upon return, user will be charged full value for said equipment.
17. Room Diagrams must be submitted at least seven (7) days before the requested date.

RENTAL CANCELLATION POLICY

Cancellations for single room or double room rentals	
Date of Cancellation	Renter Receives
30+ Days	100% of deposit + 100% Rental Fee MINUS \$25 cancellation fee
15-29 Days	100% of deposit + 50% of rental fee
8-14 Days	100% of deposit + 25% of rental fee
7 Days or Less	100% of deposit + 0% of rental fee

Cancellations for all three community room rentals	
Date of Cancellation	Renter Receives
6 – 12 Months	100% of deposit + 100% Rental Fee MINUS \$25 cancellation fee
3 – 6 Months	100% of deposit + 50% of rental fee
1 – 3 Months	100% of deposit + 25% of rental fee
0 – 30 Days	100% of deposit + 0% of rental fee

APPLICANT SIGNATURE: _____ DATE: _____

- RECREATION STAFF USE ONLY -

Date:	Time:	Initials:
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- APPROVED – RENTAL DATE: _____
- DECLINED

FACILITY SIGNATURE: _____ DATE: _____