

City of Saline Parks & Recreation / 1866 Woodland Saline, MI 48176

(734) 429-3502 (734) 429-5208 Fax

Rental Application for Saline Recreation Center

Contact Name _____ Group (if applicable) _____
 Resident /Member [] Non-Resident []

Address _____ City _____ Zip _____

Phone 1 _____ Phone 2 _____ Email _____

Date Requested _____, 20____ Day of Week M T W TH F SA SU

Time In (Include Set Up) _____ am / pm Time Out (Include Clean Up) _____ am / pm

Approximate Number-Attending _____ Type of Activity _____

**Please draw a diagram for room set up on reserve side of application.
 These prices are based on a per hour basis.**

<u>Room</u>	<u>Resident/ Member</u>	<u>Non-Resident</u>	<u>Room</u>	<u>Resident/ Member</u>	<u>Non-Resident</u>
Multipurpose Room	\$ 50	\$ 70	Leisure Pool	\$120	\$220
Class Room	\$ 40	\$ 60	Competitive Pool	\$150	\$275
Kids' Corner	\$ 40	\$ 60	Gym	\$ 75	\$100
Aerobics Floor	\$ 50	\$ 70	Total Facility	\$200	\$350
Racquetball	\$ 30	\$ 50	Lock-In	\$1400/\$14 per person	
Cabana	\$ 75	\$100			

*Pools and Gym are rented after-hours only. NOTE: The Saline Recreation Center may be rented after regular business hours. After-hour rentals will incur an additional cost of \$20/hour for each staff person required for the rental. There is a one (1) hour minimum on all rentals. All rentals are subject to approval.

I hereby made this application for the use of the above stated room(s) on the date and hours stated above. I also certify that the information on the application is true and that I have read and agree to abide by the rental policy pertaining to the use of City of Saline room(s) as adopted by the City of Saline. I also agree to the fee charged, and shall be responsible pertaining to the use of the facility in accordance with the rental policy.

I further agree to indemnify, defend and save harmless the City of Saline, its officers, agents and employees from and against all loss or expense (including costs and attorney fees) by reason of liability imposed by law upon the City of Saline, its officers, agents and employees for damages because of bodily injury, including death at any time resulting therefrom sustained by any person or persons, or on account of damage to property including loss of use thereof, arising out of or in consequence of the performance of this contract, whether such injuries to persons or damage to property is due or claimed to be due to the negligence of the contractor, the City of Saline, its officers, agents and employees, excepting only such injury or damage as shall have been occasioned by the sole negligence of the City of Saline, its officers, agents and employees.

Signature _____ Date _____

Date Received _____ Time Received _____ Received by _____

Fee \$ _____ Receipt# _____ Put on Facility Calendar _____

Check # _____ Cash _____ Visa/MC/DISC _____ Expiration Date _____

Approved By _____ Date _____ CVV _____

City Council Approved : 2/11/08

Room Set Up Request

Please diagram below the way you would like the room set up for your event.

_____ number of tables

_____ number of chairs

Special Requests _____
