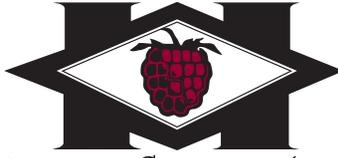


# Hopkins Activity Center Facility Use Application



## City of Hopkins

33 14th Ave N • Hopkins, MN 55343 • 952.939.1333 • 952.939.1342 (fax)

[www.hopkinsmn.com/activitycenter](http://www.hopkinsmn.com/activitycenter)

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PLEASE PRINT ALL INFORMATION

Name of Applicant:		Email:	
Name of Organization:		Is your organization: <input type="checkbox"/> Nonprofit <input type="checkbox"/> Tax-exempt	
Primary Phone:	Secondary Phone:	Work Phone:	
Address:		City:	State:    ZIP:
2nd Contact:		Email:	
Primary Phone:	Secondary Phone:	Work Phone:	
Purpose of Reservation		Number of Participants _____Adults    _____Youth	

### Reservation Details

Room Key	1 Multi-purpose North	2 Multi-purpose South	3 Kitchen	4 Lounge		
	5 Harmony Hill	6 Library	7 Computer Nook	8 Raspberry		
Date Desired (mm/dd/yy)	Day of the Week	What time do you want to enter the facility to set up?	Event Start Time	Event End Time	What time will you exit the facility after take down and clean up?	Room Number(s)
1.						
2.						
3.						

### Equipment (indicate quantity):

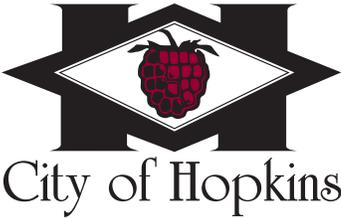
_____ chairs (200)	_____ public address system	_____ CD player	_____ oven: gas/convection
_____ 60" round tables (16)	_____ hand-held mic	_____ podium	_____ refrigerator
_____ 6' rectangle tables (14)	_____ headset mic	_____ piano	_____ freezer
_____ 8' rectangle tables (2)	_____ television/DVD/VCR	_____ stovetop	_____ coffee maker - 55 cup (3)
_____ card tables (2)			

Other Hopkins Activity Center equipment: \_\_\_\_\_

I will be bringing in additional equipment:  Yes     No

*You must bring your own sports equipment.*

If yes, list equipment: \_\_\_\_\_



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Name of Applicant:	Primary Phone:
Will music be played? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what is the music source?</i> <input type="checkbox"/> Electronic Device <input type="checkbox"/> DJ <input type="checkbox"/> Live Band	
Will there be food/beverage served? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe:</i>	Catered? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, caterer's name, phone number &amp; address:</i>
<i>I have read the "Facility Use Guidelines" and I understand the "Hold Harmless Agreement." I agree to abide by them and will require participants of this activity I represent to do so also.</i>  <i>I understand that I will receive an invoice by email containing the rental amount.</i>	
Signature of Applicant:	Date:

**Please return completed, signed, original to:**  
**Mail:** 33 14th Ave N, Hopkins, MN 55343  
**Fax:** 952-939-1342   **Email:** activitycenter@hopkinsmn.com

<b>FOR OFFICE USE ONLY</b>							
Authorized Signature:						Date:	
User Classification:	Deposit Amount:	Date Collected:	Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card # _____				
Tax Exempt Form on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	Catering License on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		Refund Amount:	Date of Refund:			
Hourly Rate	Total Hours	Rent Due	Rent Paid Date	Payment Type	Computer Entry		Event Supervisor
					SP	Staff	
1.				<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card # _____			
2.				<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card # _____			
3.				<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card # _____			

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_