



BUILDING OR FACILITY RESERVATION FORM

Name of person responsible for this reservation _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____ or _____

Name of Building Requested:

Type of Activity _____

Date(s) _____ Time _____

**IF ALCOHOLIC BEVERAGES ARE CONSUMED DURING YOUR FUNCTION,
AN ALCOHOL PERMIT FROM CCMD IS REQUIRED.**

CCMD Alcohol permit required: Yes _____ No _____

(Fee \$50.00) Okayed by CCMD Board on Date _____

Security Deposit Due \$ _____ Date Due _____

Balance Due \$ _____ Date Due _____

Please make checks out to CCMD. If payments are not received by the above dates, the reservation will be cancelled, as there are several dates with a waiting list. Full refund given only with one month advanced cancellation notice. Applicant agrees to remove trash and to leave facility in a safe and clean manner. Failure to do so will result in the loss of the security deposit. All Colorado City Metro District facilities are smoke and drug free. All applicants must enforce this policy.

I/We agree to abide by the above requirements. I/We further agree to self-enforce the terms of the Alcoholic Permit (if alcohol is consumed during our function). I/We further agree to hold the Colorado City Metropolitan District harmless in the event of accident or injury resulting from the use of the above reserved facilities.

Signed _____ Date _____