

SHAKOPEE POLICE DEPARTMENT TRAINING/COMMUNITY ROOM RESERVATION FORM

Please complete this form and return it to the Shakopee Police Dept., 475 Gorman St., Shakopee, MN 55379.
Phone: 952-233-9400; Fax: 952-233-3811

Name of Organization or Group: _____

Contact Name: _____

E-Mail Address: _____

Address: _____

City: _____

Zip: _____

Contact Phone Number: _____

Activity: _____

Number of People Attending: _____

Activity Date: _____

Activity Time (starting and ending): _____

If you will not be present to supervise this meeting, list the name of a contact who will be attending:

Contact Name: _____

Contact Phone Number: _____

Additional Information (if needed): _____

Summary of facility usage rules:

1. Groups are responsible for their own setup.
2. The contact listed on the form is responsible for the condition of the area and the supervision of the participants.
3. The contact is responsible for returning the room to its original condition, including replacing items removed.
4. Groups may not store equipment or food/beverages in the room unless arrangements have been made with Shakopee Police Department personnel.
5. Smoking or alcohol consumption is prohibited in all City buildings.
6. Failure to clean/return the room to its original state or conduct that is deemed inappropriate may be cause for suspension or revocation of your future privileges to use the room.

I, the undersigned, hereby accept responsibility for the meeting listed, and all its participants and any others present. The undersigned agrees to defend, indemnify, and hold the City of Shakopee harmless from and against all claims, losses, and liabilities arising out of personal injury and/or damage to property relating to the use of the Training/Community Room.

Signature of Contact _____

Date _____