

CITY OF WESTWOOD
4700 RAINBOW BOULEVARD
WESTWOOD KANSAS 66205
INFO@WESTWOODKS.ORG
913.362.1550

CITY HALL COMMUNITY ROOM RESERVATION APPLICATION

Complete the application below. Completed applications with fees should be submitted to Westwood City Hall.

Applicant/Organization Name: _____

Address: _____ City/State/Zip: _____

Phone: Primary _____ Alternate _____

Email Address: _____

Date of Event: _____ Time: _____ to _____ (include set up and clean up time)

Description of event: _____ Estimated number of attendees: _____

Equipment needed: Extension cord Podium/microphone Projector & screen

Fees and deposits (due at time of application):

Deposit - \$50.00 \$ _____

Non-Resident room fee - \$35.00 \$ _____

Select One (1) of the following options:

Resident Weekday Rate (Mon. to Fri. 8 am to 5 pm) No Charge

Resident Evening/Weekend Rate - \$25/hr x _____ hours = \$ _____

Non-Resident Weekday Rate (Mon. to Fri. 8 am to 5 pm) - \$15/hr x _____ hours = \$ _____

Non-Resident Evening/Weekend Rate - \$40/hr x _____ hours = \$ _____

Total due \$ _____

I hereby confirm that I have read, understand, and agree to abide by the policy for use of the Westwood City Hall Community Room. I further agree I will be responsible for any and all damages that might occur to the premises, fixtures or equipment.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY	
Deposit: <input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash Receipt # _____
Fees: <input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash Receipt # _____
Room attendant assigned: _____	
Notes: _____	

