

CITY OF MORTON
COMMUNITY CENTER
APPLICATION FOR RESERVATION

NAME OF APPLICANT/ORGANIZATION: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

DATE OF RESERVATION: _____ TIME IN: _____

TIME OUT: _____

(Please indicate the time you wish to be in and time you will be through picking up. Once the facility is open, a responsible person in your party must be present at all times.)

Number of persons expected to attend function: _____

Purpose of Rental: _____

- | | |
|---|----------|
| <input type="checkbox"/> Morton Community Center multi-purpose room | \$ _____ |
| <input type="checkbox"/> Morton Community Center kitchen | \$ _____ |
| <input type="checkbox"/> Morton Community Center conference room | \$ _____ |
| <input type="checkbox"/> Damage Deposit | \$ _____ |

TOTAL AMOUNT DUE: \$ _____

PLEASE READ THE ATTACHED FACILITY RENTAL POLICY:
PLEASE ALLOW FOURTEEN (14) DAYS FOR RETURN OF DAMAGE DEPOSIT

Date scheduled confirmed, deposit received: <input type="checkbox"/> YES <input type="checkbox"/> NO
Receipt No. _____
City Clerk/designee(s) _____

PLEASE READ THE ATTACHED FACILITY RENTAL POLICY:

I have read the attached Facility Rental Policy and agree to be responsible for the use of designated facility under those conditions. I also understand that if any of the rules are not observed, I am responsible. Also, the facility can be closed and all guests asked to leave.

Signed: _____ Date: _____

Deposit Refund approved: _____ Date: _____
Deposit Refunded: Date: _____ Check No. _____

ANTI-DISCRIMINATION INFORMATION FORM

The following information is required by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in anyway. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

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Race: _____ American Indian/Alaskan Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Pacific Islander
_____ White

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Sex: _____ Male _____ Female

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the Administrator, USDA, Rural Development, Washington D.C. 20250-0700.

Este Programa es de oportunidad igualada. Discriminacion is porhibido por la ley Federal. Quejas de discriminacion pueden ser registradas con el Administrador, USDA, Rural Development, Washington, D.C. 20250-0700.

