

# SHAKOPEE POLICE DEPARTMENT TRAINING/COMMUNITY ROOM RESERVATION FORM

**Please complete this form and email to Cristie Lesko at [clesko@ShakopeeMN.gov](mailto:clesko@ShakopeeMN.gov)**

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. Food is prohibited in the training room.
2. Groups are responsible for their own setup.
3. The contact listed on the form is responsible for the condition of the area and the supervision of the participants.
4. The contact is responsible for returning the room to its original condition, including replacing items removed.
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 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 \_\_\_\_\_