

VILLAGE OF MANCHESTER

912 CITY ROAD P.O. BOX 485 MANCHESTER, MI 48158 (734) 428-7877 FAX: (734) 428-1877 WWW.VIL-MANCHESTER.ORG

MUNICIPAL BUILDING RESERVATION APPLICATION

Application Date:	
APPLICANT IDENTIFICATION:	
Group Name:	Phone:
Contact Name:	Phone:
Address:	City State 7in
Number Attending: Type	of Activity:
Date Requested:(Month/Date/Year) Time From: To:	[] Recurring Event (list dates for 6 months in advance only) (Requested time should include set up and clean up time)
Check the Appropriate Box(s):	
[] Village Room	[] Conference Room LL (lower level)
[] Table and Chairs Needed	[] Food and/or Beverage
# of Tables # of Chairs Note: Applicant is responsible for setup and take down	
APPLICANT'S STATEMENT	
I agree to indemnify, defend and save harmless the Village of Manchester, its officers, agents and employees from and against all loss or expense (including cost of attorney fees) by reason of liability imposed by law upon the Village of Manchester, its officers, agents and employees for damages because of bodily injury, including death at any time resulting there from sustained by any person or persons, or on account of damage to property including loss of use thereof, arising out of or in consequence of the performance of this contract, whether such injuries to person or damage to property is due or claimed to be due to the negligence of the contractor, Village of Manchester, its officers, agents and employees.	
Applicant's Signature:	
Office Use Only:	
Date Received: Time	Received:
[] Approved [] De	nied (reason)
[] Entered on Facility Calendar	
By:	Date: