

CITY OF BERKLEY PARKS AND RECREATION DEPARTMENT
ICE ARENA – ROOM RESERVATION

ORGANIZATION AND/OR EVENT _____

APPROXIMATE NUMBER EXPECTED _____

NAME _____ ADDRESS _____

CITY _____ ZIP CODE _____ PHONE _____

EMAIL _____

ALTERNATE: NAME _____ PHONE _____

DATES & TIMES REQUESTED – 2012/13 SEASON

TIME: _____

NOTE: SET-UP AND TAKE DOWN TIME MUST BE INCLUDED AS PART OF YOUR RENTAL TIME.

DATES

JANUARY	_____	JULY	_____
FEBRUARY	_____	AUGUST	_____
MARCH	_____	SEPTEMBER	_____
APRIL	_____	OCTOBER	_____
MAY	_____	NOVEMBER	_____
JUNE	_____	DECEMBER	_____

PLEASE CHECK ROOM DESIRED:

____ MAIN ICE SURFACE	____ PARTY ROOM
____ STUDIO ICE SURFACE	____ CONCESSIONS/LOUNGE

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

APPROVED _____ REJECTED _____ DATE _____

Hourly Rate: \$ _____

Total Hours: _____

Cleaning Fee _____

Subtotal _____

Deduct \$20.00 Deposit _____

THIS DEPOSIT IS NON-REFUNDABLE

Total Balance Due \$ _____

The balance is due two weeks prior to the scheduled event. Also due at that time, is a \$200 Security Deposit made out to the "City of Berkley" in the form of a separate check.

Balance Due: _____

Renter's Signature

Date