

DHS HEALTH & WELLNESS STUDIOS APPLICATION

SUBMISSION DATE: _____ / _____ / _____ NAME OF APPLICANT: _____

NAME OF ORGANIZATION: _____

WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

ORG ADDRESS: _____ CITY: _____

ORG WEBSITE: _____

PURPOSE OF ORGANIZATION: _____

HEALTH/WELLNESS PURPOSE OF MEETING: _____

PLEASE SUMMARIZE YOUR WORKSHOP OR REQUESTED FACILITY USE BELOW:
(attach additional sheets if needed)

SEATING REQUIRED: _____ (182 maximum occupancy whole center/ 43 max per studio)

1ST CHOICE OF DATES REQUESTING: _____ 2ND _____

TIME REQUESTING: FROM _____ TO _____

(Please include needed prep & clean-up time; Meetings must conclude by 8:30pm and participants out of the wellness studios by 9pm)

PLEASE CHECK HERE IF YOUR EVENT IS ONGOING

TOTAL # DATES REQUESTING _____ FREQUENCY _____

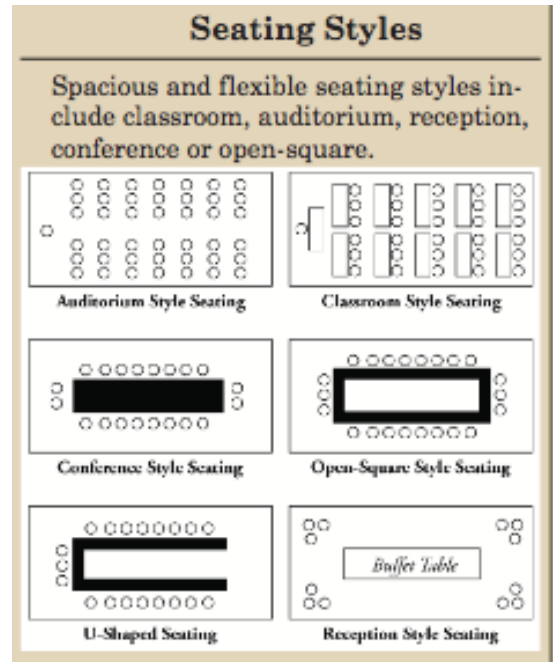
ROOM SET-UP: No Set-up Needed Set-up Needed _____



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(Please select a Seating Style)

Amenities (circle any needed)	# requesting	
Chairs		
Tables (5ft)		
Kitchen	2 Refrigerators	2 Microwaves
	2 Stoves/ Ovens	2 Sinks
Audio/Visual: (circle needed)	LCD Projectors	45 inch TV/ BlueRay Player
	Screen	Podium
	Internet	Apple TV



PLEASE LIST ANY OTHER NEEDS OR SPECIAL REQUESTS HERE:

Please read the checklist below carefully and initial each item. As the individual signing the application, it is important that you read, understand, and share with members of your organization the guidelines and requirements.

Please initial that you acknowledge and agree to the following:



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_____ The individual initialing this list is responsible for knowing the rules governing the facility and communicating those rules to the group.

_____ Number attending cannot exceed the maximum allowable by law.

_____ The facility must be left in the same condition as it was found or a cleaning charge may result.

_____ All attendees and sponsoring organization must leave the building/premises at the time designated on the application (in all cases, no later than 8:30 p.m.) Sponsoring organizations are solely responsible for supervising all individuals present. The Wellness Center is not responsible for providing any supervision.

_____ I understand that there will be a \$30 charge for any facility use that goes past the allocated time that I have requested.

_____ Groups using the facility are responsible for maintaining order and supervising participants.

_____ Any violation of the guidelines may result in denial of the group's future use of the facility.

_____ I agree to complete a wellness studio summary sheet at the completion of my event.

_____ I agree to check-in and check-out with the reception staff in order to receive a refund on my cleaning deposit (currently \$50). I understand that if I fail to do this that I will automatically be charged the cleaning fee. Rooms must be clean and orderly enough for the next workshop presenter. See *Wellness Center Rules* for details.

_____ I understand that I may be responsible for moving my own tables and chairs to set-up the room the way needed for my workshop. I will show up 15 - 30 minutes early to prepare for my workshop. If more than 30 minutes is needed to prep a room I agree to make a note on this application.

_____ A certificate of insurance naming your organization as additional insured in an amount not less than \$1,000,000 single limit liability will be furnished and on file at least 5 working days prior to use.

_____ I have received and read the *Wellness Center Rules* and agree to abide by them. We reserve the right to refuse or revoke continued use of the studios to anyone, at any time, if rules are broken.

IMPORTANT: I am an authorized representative of the organization submitting this agreement. The information provided in this agreement is true and correct. I have read and understand this agreement and agree to all of the aforementioned guidelines, rules, regulations and conditions of use.

Signature

Print Name

Organization Name

Date



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This Portion below to be filled out by Staff ONLY			
Certificate of Insurance received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date received:	Room Fee Collected (\$30): <input type="checkbox"/> Yes <input type="checkbox"/> Waived	Date Paid:
Cleaning Deposit (\$50):	Date Paid:	Date Returned:	
Approval Date:	Not Approved Date:	Reason:	
Cleaning Inspection Check Out & Workshop Summary Sheet collected (initial & attach):			

Wellness Staff Member Signature: _____ Date: _____

