

Hopkins Activity Center Facility Use Application



City of Hopkins

33 14th Ave N • Hopkins, MN 55343 • 952.939.1333 • 952.939.1342 (fax)
www.hopkinsmn.com/hac/

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PLEASE PRINT ALL INFORMATION

Name of Applicant:		Email Address:		Name of Organization:	
Home Phone:		Work Phone:		Mobile Phone:	
Home Address:			City:	State:	ZIP:
Work Address:			City:	State:	ZIP:
2nd Contact:			Email Address:		
Home Phone:		Work Phone:		Mobile Phone:	

Equipment (indicate quantity):

folding chairs	6' rectangle tables	piano	podium
billiard table	volleyball net/standards	slide projector	video projector
television/DVD/VCR	-serving carts	oven: gas/convection	freezer
60" round tables	card tables	public address system	waste containers
video/foosball/table games	screen	overhead projector	CD/tape player
coffee maker	stovetop	refrigerator	dishwasher

Other equipment: _____

I will be bringing in additional equipment: Yes No

If yes, list equipment: _____

You must bring your own volleyball and basketballs.

I have read the "Facility Use Guidelines" and I understand the "Hold Harmless Agreement." I agree to abide by them and will require participants of this activity I represent to do so also.

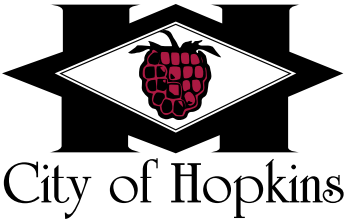
Signature of Applicant:	Date:
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FOR OFFICE USE ONLY

Authorized Signature:	Date:	
User Classification:	Deposit Amount:	Date Collected
Receipt #:	Refund Amount:	Date of Refund:

Special Information: _____

Please return completed signed original to:
Mail: 33 14th Ave N, Hopkins, MN 55343
Fax: 952-939-1342



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PLEASE PRINT ALL INFORMATION

Name of Applicant:		Phone Number:	
Name of Organization:		Purpose of Reservation:	
Will there be food/beverage served? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, describe:</i>	Catered? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, caterer's name:</i>	License on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Participants: _____ Adults _____ Youth

Room Key	1 Multi-purpose North	2 Multi-purpose South	3 Computer Lab	4 Harmony Hill	5 Library
	7 Raspberry South	8 Raspberry North & Game	9 Kitchen	10 Lounge	

Date Desired (mm/dd/yy)	Day of the Week	Set Up/Down Time*	Activity Time**	Room Number
1.				
2.				
3.				
4.				
5.				
6.				

* The time you may enter the facility to the time you will vacate the facility. Please allow yourself time for preparation and cleanup.
 ** The time you will advertise this activity to begin and end.

OFFICE USE ONLY

Room Rate Per Hour	Rent Paid Date	Receipt Number	Date Entered In Computer	Date Confirmed	Who Is Working?
1.					
2.					
3.					
4.					
5.					
6.					