

City Hall Reservation Request
City of Boyne City
319 N Lake Street, Boyne City, MI 49712 (231) 582-6597

Area Reserved: *check all that apply* Room Fee:

- City Commission Chambers \$ 100.00
- Parkview Conference Room \$ 75.00
- Outdoor Patio \$ 100.00
- Community Training Room \$ 100.00
- Community Training Room Kitchen \$ 50.00
- East Conference Room \$ 50.00
- West Conference Room \$ 50.00

- Non Cleaned/Damage Deposit \$100.00*
- * This is per room reserved

Additional Deposits

- Parties/ Events \$50.00
- Food Yes \$50.00
- Food No
- Alcohol Yes \$50.00
- Alcohol No

*If yes, certificate of insurance must be provided
naming the City of Boyne City as additionally insured*

Total fee for room reservations: _____ Total deposits: _____

Reservation Date: _____

Time of reservation: Start _____ End _____ **Make sure to include set up & clean up time**

Name of Group: _____ Non-Profit: ()

Type of Activity: _____

Contact Person: _____ Day Phone: _____

Email: _____ Cell Phone: _____

Address: Street _____

City _____ State _____ Zip Code _____

Waiver of Liability: In consideration of the City of Boyne City allowing us to reserve the property indicated above, we agree to assume any and all liability and to hold the City of Boyne City harmless against any liability which may arise due to the use of the above property, except for those claims arising out of the sole negligence of the City of Boyne City, its agents, and/or employees.

We further acknowledge that the City of Boyne City assumes no responsibility for any damages or injuries which may occur during the use of the property indicated except for those claims arising out of the sole negligence of the City of Boyne City, its agents, and/or employees. We further agree to abide by all ordinances, laws, and regulations of the City of Boyne City and the State of Michigan.

Conditions of Use/Rules and Regulations form was received

Signature: _____ Date _____

Office Use Only - Do not write below this line

Fees Received: \$ _____ Date: _____ Staff Initials _____

Cancellation Contact Person: _____ Date cancelled: _____

Refund Authorization: () No Refund () Refund Staff Initials _____