

**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 \$ 200.00
- 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 \_\_\_\_\_