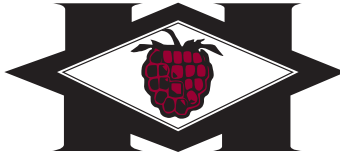


# Hopkins Activity Center Facility Use Application



## City of Hopkins

33 14th Ave N • Hopkins, MN 55343 • 952.939.1333

[www.hopkinsmn.com/activitycenter](http://www.hopkinsmn.com/activitycenter)

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**PLEASE PRINT ALL INFORMATION**

Name of Applicant:			Email:			
Name of Organization:			Is your organization: <input type="checkbox"/> Nonprofit <input type="checkbox"/> Tax-exempt			
Primary Phone:		Cell	Home	Secondary Phone:		Work Phone:
Address:			City:		State:	ZIP:
2nd Contact: (Required)			Email: (Required)			
Primary Phone: (Required)		Cell	Home	Secondary Phone:		Work Phone:
Purpose of Reservation					Maximum number of participants _____Adults    _____Youth	

### Reservation Details

Room Key	1 Multi-purpose North	2 Multi-purpose South	3 Kitchen	4 Lounge		
Date Desired (mm/dd/yy)	Day of the Week	What time do you want to enter the facility to set up?	Event Start Time	Event End Time	What time will you exit the facility after take down and clean up?	Room Number(s)
1.						
2.						
3.						

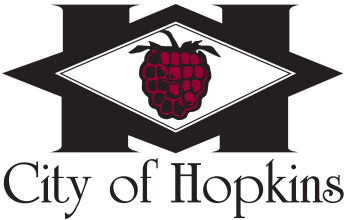
### Equipment (indicate quantity):

<b>MULTI - PURPOSE GYM:</b> _____ chairs (150) _____ tables: 60" round (16) _____ tables: 6' rectangle (14) _____ computer monitor 70" (2) <i>Note: The gym capacity is 150 people</i>	<b>OTHER:</b> _____ public address system _____ hand-held microphone _____ headset microphone _____ podium _____ piano _____ coffee maker <small>55 cup (3)</small>	<b>KITCHEN:</b> _____ convection oven* _____ stovetop/oven* _____ refrigerator* _____ freezer* * Kitchen must be rented to use equipment Other
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Hopkins Activity Center equipment: \_\_\_\_\_

I will be bringing in additional equipment:    Yes    No    *You must bring your own sports equipment.*

If yes, list equipment: \_\_\_\_\_



# Hopkins Activity Center – Facility Use Application

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**PLEASE PRINT ALL INFORMATION**

Name of Applicant:		Primary Phone:      Cell      Home	
Will music be played? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what is the music source?</i> <input type="checkbox"/> Electronic Device <input type="checkbox"/> DJ <input type="checkbox"/> Live Band <input type="checkbox"/> Other: _____			
Will you be using an electronic device for your event? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, in what capacity?</i> <input type="checkbox"/> Music <input type="checkbox"/> Visual Presentation <input type="checkbox"/> Other: _____		Type of device to be used: <input type="checkbox"/> Laptop:    __ PC    or    __ MAC <input type="checkbox"/> i Pad <input type="checkbox"/> i Pod <input type="checkbox"/> Mobile phone <input type="checkbox"/> Other: _____	
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, phone number &amp; address:</i>	
<i>I have read the "Facility Use Guidelines" and I agree to abide by them and will require participants of this activity I represent to do so also.</i> <i>I understand that there is a charge for each change of the date or time, as well as for canceling this event. See Page 10 of guidelines</i> <i>I understand that I will receive an invoice by email containing the rental amount and other event information.</i>			
Signature of Applicant:		Date:	

**Please return completed and signed to:**

**Email:** activitycenter@hopkinsmn.com  
**Mail:** 33 14th Ave N, Hopkins, MN 55343

## FOR OFFICE USE ONLY

Authorized Signature:					Date:		
User Classification:		Deposit Amount:	Date Collected:	Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card # _____			
Tax Exempt Form on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		Catering License on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		Refund Amount:		Date of Refund:	
Hourly Rate	Total Hours	Rent Due	Rent Paid Date	Payment Type	Computer Entry		Event Supervisor
					SP	Staff	
1.				<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card # _____			
2.				<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card # _____			
3.				<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card # _____			

Notes: \_\_\_\_\_  
 \_\_\_\_\_