



**APPLICATION FOR USE OF CONFERENCE ROOM**

Room Requested: Boardroom \_\_\_\_\_ (Max Capacity 15) Classroom \_\_\_\_\_ (Max Capacity 30)

Today's Date: \_\_\_\_\_ Date(s) requested: \_\_\_\_\_

Time requested: \_\_\_\_\_ to \_\_\_\_\_ Total number of hour's: \_\_\_\_\_

(Include set-up, break-down, and clean-up time)

Additional information/description: \_\_\_\_\_

Applicant/Organization: \_\_\_\_\_

Name of person in charge: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Type of activity: \_\_\_\_\_ Number of people expected: \_\_\_\_\_

The undersigned hereby makes application to Chelan Douglas Regional Port Authority for use of a conference room located at One Campbell Parkway, East Wenatchee, WA 98802 described above and certifies that the information given in the application is correct. The undersigned further states that he/she has the authority to make this application for the applicant and agrees that the applicant will observe the rules/regulations-policies/procedures of the Port Authority. The applicant agrees to exercise the utmost care in the use of the facility and hold Chelan Douglas Regional Port Authority from all liability resulting from the use of the facility.

Applicant's use of the conference room shall not impede access by Port Authority staff. Revisions and cancellations must be approved in advance. The applicant further agrees not to move furniture and to reimburse the Port Authority for any damage arising from the applicant's use of the facility. The applicant agrees to remove all trash, clean tabletops and vacuum if necessary upon completion of event/meeting. A \$50 cleaning fee will be charged to those unable to comply. The applicant signing this agreement will be considered the responsible party in case of damage, theft, or disturbances during the rental period.

Applicant: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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***For Office Use Only***

\_\_\_\_ Request Approved \_\_\_\_ Request Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_