



Ronald McDonald  
House Charities®  
of Southern Colorado

## Kiwanis Community Room Reservation Form

Please print, complete, scan and return to: [contact@rmhcsoutherncolorado.org](mailto:contact@rmhcsoutherncolorado.org)

NOTE: Until this form has been returned to RMHCSC and the reservation has been confirmed, your room reservation is NOT booked. PLEASE PRINT ALL INFORMATION CLEARLY

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

Group's Name: \_\_\_\_\_

For Profit: \_\_\_ Non Profit: \_\_\_

Purpose of Meeting: \_\_\_\_\_

Day and Date of Meeting: \_\_\_\_\_

Time of Meeting: Start: \_\_\_\_\_ Finish: \_\_\_\_\_ Anticipated Attendance: \_\_\_\_\_

Please allow time to set up AND clean up.

It is the group's responsibility to set up the room and clean UP after the meeting.

Person Responsible for Meeting Room: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

Equipment Needed: HDMI and TV \_\_\_ Conference Call Capabilities \_\_\_ Keurig and Mugs \_\_\_

Groups must supply their own laptop for presentations on television, must supply their own conference call set up, and Keurig cups, creamer, sugar. No food is allowed in the Kiwanis Community Room.

The undersigned agrees on behalf of the above named organization to be responsible for any damage sustained to the property while being used by the organization, to follow all rules set forth in the Kiwanis Community Room Policy, and to leave the room neat and orderly.

Signature of person accepting responsibility: \_\_\_\_\_

Reservation Confirmed By: \_\_\_\_\_

Waiver received: \_\_\_\_\_ Certificate of Liability Insurance received: \_\_\_\_\_

Approved \_\_\_\_\_ Non Approved \_\_\_\_\_ (explanation will be provided if not approved)