

Kathleen C. Wright Delta Education and Life Development Center Facility Use Application

Date(s) Requested: _____ Times Requested: _____

Primary Contact: _____ Today's Date: _____

Organization: _____ Phone: _____

Address: _____ City: _____

Zip Code: _____ Email Address: _____

Additional Contact: _____ Phone: _____

Please check applicable boxes: **General Public** **DELDF/Chapter Member**

Description of Planned Activities: _____

Expected Attendance: _____ Room(s) Requested: _____

Please note that the facility is unavailable on the first Thursday of each month.

Open to the Public	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Admission Charged	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Amount of Fee: _____
Kitchen Use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Warming Kitchen Only)
Hot Food	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Alcoholic Beverages Served	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Invitation or Advertisement Used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please attach copy
Band, DJ, or Amplified Sound	<input type="checkbox"/> Yes	<input type="checkbox"/> No	We will not provide these services.
Use of Stage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	We will not provide these services. Size of stage:
Set-up Required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Banquet Style, Theater, Standing Room, Classroom
Video Equipment Services or other equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	We will not provide these services.
Insurance Coverage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please attach copy if applicable.
Security Deposit of \$100 enclosed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Applicant/Renter/Lessee hereby voluntarily releases and forever discharges Delta Education and Life Development Foundation, Inc. (DELDF) and Broward County Alumnae Chapter of Delta Sigma Theta Sorority, Inc. (BCAC) their agents, employees, contractors, volunteers, and any other persons associated with these organizations from any and all liability, claims, demands, losses and expenses, actions or rights of action which arise out of, or are in any way related to, or connected with, my participation in this activity, or my use and/or rental of DELDF equipment and/or facilities described herein including specifically, but not limited to, any and all injury, death, illness or disease, and damage to myself or to my property, or to property under my control. I further agree, promise and covenant to hold harmless, defend indemnify DELDF and BCAC agents, employees, volunteers, and any other persons associated with these organizations from all defense costs, including attorney fees, or from any other costs incurred in connection with claims for bodily injury or property damage caused in whole or in part by any negligent act or omission of the applicant/renter/lessee, anyone directly or indirectly representing and/or employed by any of them or anyone for whose acts any of them may be liable, except where caused by the active negligence, sole negligence, or willful misconduct.

I further agree, covenant and promise, not to sue, assert or otherwise maintain or assert any claim against Delta Education Life Development Foundation its agents, officials, employees, volunteers or any other persons associated with these organizations for any injury, death, illness or disease or damage to myself, my property, or to property, including DELDF or BCACDST property or adjacent parking lot which is under my control, arising from or connected with my use and/or rental of equipment facilities or from any claim asserted against me by any other person.

Insurance

A Certificate of Insurance is acceptable as evidence of insurance and may be required for usage. Certificates will not be processed without a contact name and phone number, as well as a business description, so we may determine liability coverage. See Facility Use Policy for specific insurance requirements.

General Information

1. Individuals or organizations granted use of a facility will be held responsible for any loss or damage caused by such use.
2. A Facility Manager is required to open and close facility.
3. The security deposit will be refunded if all conditions are met. Each entity is required to do the following:
 - a. All tables and chairs used must be left clean. This includes removing all decorations, tape, and table coverings.
 - b. All decorations must be removed and properly discarded. The use of thumbtacks, staples, nails, glue or similar hardware or materials to hang decorations is prohibited.
 - c. If kitchen is used, the refrigerators, ovens, stove, grill, sinks, dishwasher, and counters must be left clean.
 - d. You are responsible for discarding your trash into the garbage cans outside of the facility. If the trash receptacles become full, you are responsible for removal and disposal of the trash offsite.
 - e. Other rules and guidelines may be required as deemed necessary by DELDF.
4. If the reservation is cancelled less than seven (7) days before the event, all funds are forfeited. All funds must be paid in money order or cashier's check. The funds should be made payable to Delta Education and Life Development Foundation.
5. Please be advised that parking space is NOT guaranteed. Other events may be scheduled in the park at the same time as your event. Parking is at your own risk.

Rental Rate

The rental rate shall be \$100 per hour for the general public and \$50 per hour for chapter members. A security deposit in the amount of \$100 is required for all applicants. There is a mandatory non-refundable event fee of \$75 for all applicants. Round tablecloths are available for rent at a rate of \$10 each. Usage of the chairs and tables are free.

My signature below verifies that I have read, understand and agree to comply with all associated fees and rules included on this application. I also understand that fees are subject to change in the event that I change my reservation and I am responsible for the additional fees imposed.

Signature of Authorized Representative: _____ **Date:** _____

Print Name/Position: _____

Facility Arrangement Requests

Number of chairs needed: _____

Number of rectangle/meeting tables needed: _____

Number of round tables needed: _____

Number of tablecloths needed: _____

Please return completed application to:

DELDF – FACILITY MANAGER
P.O. Box 9504
Fort Lauderdale, Florida 33310
954-522-2840
Email Address: alfredacoward@hotmail.com

For Office Use Only

Date App Received:	Date App Reviewed:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Total Fee:	Deposit: \$	Amount Due: \$	Final Payment Received: Date: Amt:

Signed: