

Community Room Application

Gaines Charter Township
8555 Kalamazoo Ave., SE
Caledonia, MI 49316
PH: (616) 698-6640 Fax: (616) 698-2490



To request a reservation for a Community Room(s), please complete and submit the form below to the Gaines Charter Township Supervisor’s Office, 8555 Kalamazoo Ave., SE, Caledonia, MI 49316.

Fax: (616)-698-2490 Email: info@gainestownship.org

Resident? Yes No

Contact Name: _____ Type of Organization/Event: _____

Group Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____ Fax: _____

Room(s) Requested: _____ Size of Group: _____ Audio/Visual Required: YES NO

Will beverages be served? YES NO

Will food be served? YES NO

Date(s) Requested: _____ Start Time: _____ End Time: _____

Please be sure to include adequate time for setup and cleanup

Description of the nature of the gathering: _____

By completing this application, the applicant agrees that they have read and will abide by the Gaines Charter Township Community Room Policies and to indemnify, hold harmless, and defend Gaines Charter Township from and against any and all personal injuries and/or loss of personal property sustained by the applicant’s attendees arising out of the facility use applied for under Gaines Charter Township Community Room Policies.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date Application Received: _____ Date Applicant Notified of Approval/Denial: _____

Room(s) Assigned: _____ Date Deposit Rec’d: _____ Date full payment Rec’d: _____

Date Key Issued: _____ Date Key Returned: _____

Date Security Deposit Returned: _____ If NOT returned indicate why: _____