



Section 1: Applicant

Date _____/_____/_____

Name of applicant _____ Phone (_____)_____

Last First

Home address _____

House no. Street City State Zip

Email address _____ Are you a resident of Blaine? ____ Yes ____ No

Are you a business owner in Blaine? ____ Yes ____ No If yes list name & address of business _____

Section 2: Reservation

Date(s) of request _____ Time(s) of request _____

Note: Per City Policy, there is a 90-day limit on room reservations. Please call to extend if you need the reservation after 90 days.

Please select the room you are requesting from the list below:

- _____ Aquatore Room (first floor, located by Building Inspections, seats 6-8)
- _____ Radisson Trail Room (second floor, located by Planning and Community Standards, seat 6-8)
- _____ Sanctuary Room (second floor, located at the east end of the atrium, seats 14)
- _____ Laddie Lake Room (second floor, located by Administration, seats 6-8)
- _____ Cloverleaf Farms Room (second floor, north side of the atrium, seats 72 or may be split for two groups of 36)

_____ Side A _____ Side B _____ Both Sides

\$25 fee if set up is requested

_____ Large square _____ Classroom seating _____ other (describe _____)

Briefly describe the purpose of the meeting or event:

Liability:

The group, individual or organization using the City Hall facility shall agree to compensate the City of Blaine for all damages to facilities, equipment or other property owned by the City and to assume all liability for any personal injuries, including death caused by participants in the scheduled event.

Applicant Signature

Date

Submit completed form to the City Hall Receptionist

Mail: 10801 Town Square Drive NE, Blaine, MN 55449

Email: roomreservations@blainemn.gov

Fax: 763-785-6191

Phone: 763-784-6700