



RESERVATION OF AIRPORT CONFERENCE ROOM

APPLICANT'S NAME _____

APPLICANT'S PHONE# _____ (DAYTIME) _____ (EVENING)

DATE OF APPLICATION _____

PURPOSE OF RESERVATION _____

DATE(S) OF RESERVATION: ____/____/____ TO ____/____/____

TIME RESERVED: _____ UNTIL _____

SPECIAL NEEDS: _____

OTHER PERTINENT INFORMATION _____

APPLICANT'S SIGNATURE _____ DATE _____

(Office Use)

1. APPROVED DENIED BY: _____

2. RENTAL FEE PAID: \$50 HALF DAY \$100 FULL DAY
(Up to 4 hours) (4 hours or more)

3. PAID BY: CASH CHECK # _____ CREDIT CARD

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT
(Organizations)

The **Lessee** shall indemnify and hold harmless the **City** and all of its officers, agents, and employees from all suits, actions, or claims of any character brought for or on account of any injuries received by any person or property resulting from the lease, except to the extent such suit, action or claim is caused by the sole negligence or willful misconduct of the **City**, its officers, employees or agents.

CITY OF MARYVILLE, MISSOURI
A MUNICIPAL CORPORATION

Applicant's Signature

City Representative

Date:

Date: