

KASTEN COMMUNITY DEVELOPMENT CENTER MEETING ROOM USAGE AGREEMENT

937 Broadway, Suite 102 Cape Girardeau, MO 63701 TEL. (573) 651-3747 ext. 104 FAX (573) 651-3646

Sponsoring Agency/Organization _____

Meeting Title _____ Anticipated # of participants _____

Contact Person _____

Email Address _____

Daytime Phone _____ Evening Phone _____

Mailing Address _____

Meeting Room(s) Needed

Large Meeting Room

Small Meeting Room

Date/Time of Meeting

Day of Week _____ Date _____

Start Time _____ End Time _____

Key issued to _____ Phone _____

Cost is \$10 per meeting reservation. Please make checks payable to Community Caring Council.

I understand and agree to the following building procedures:

- You are welcome to move tables and chairs as needed. Please return to original arrangement.
- Keys to bathrooms on all floors are available by the copy machine.
- Readjust thermostat settings only as needed. (Please return thermostat to 65 degrees in winter; 78 degrees in summer.) Please use fans to enhance comfort level.
- Maintain building security by locking exterior and interior doors of the center. Turn off all lights, electronic equipment and fans.
- **Leave the area as clean as you found it. Please remove all trash to the outside dumpster.**
- TV, extension cord, First Aid kit, and flashlight are in small storage closet.
- If you make coffee, please clean the coffee pot. **DO NOT UNPLUG COFFEE MAKER.**
- Drinking water in refrigerator containers are free for you to use. Cups are in the cupboard.
- Bottled water and sodas are available for \$.50 each. Place money in cup on top of refrigerator.

Program Representative Signature _____

CCC Staff Signature _____

Date _____ Key Returned _____ Fee Paid _____

