Safe Haven Community Center
Reservation Form

The Safe Haven Community Center provides free meeting and office space to organizations and programs serving the Hammond community. Use is requested by completing this form and returning it to Grants Department, 310 E Charles St 2nd Fl, PO Box 2788, Hammond LA 70404-2788, or grants@hammond.org, no less than **5 business days**, NOT including holidays, prior to an event/activity. **Original signatures** are required, but copies are acceptable. For additional information, call 985-227-5647.

Event/Activity Information

Primary Point of Contact	Organization		
Email	Mailing Address		
Telephone	City	State	Zip Code

Event/activity is recurring.	☐ Yes ☐ No	Special accommodations are requested.	☐ Yes (Complete reverse.) ☐ No
Event/activity is free.	☐ Yes		

Arrival Time, Day, and Date

Departure Time, Day, and Date

Event/Activity Description

Number of People

Facilities Requested

☐ Meeting Room (20' x 26' 6")

☐ Projector

☐ Lab (10' x 13')

☐ Men & Women's Restrooms (6' x 7' each)

☐ Kitchenette (8' x 10')

☐ Storage (Describe items: _____)

☐ Northwest Office (9' 8" x 8' 6")

☐ Northeast Office (12' x 13')

☐ Southeast Office (12' x 13')

☐ Copier/Printer

Conditions of Use

I acknowledge 1) my organization/I will be responsible for the proper use of the Safe Haven Community Center (Center) during the event/activity described above; 2) at the conclusion of this event/activity, we/I will return the Center to its condition prior to the event/activity and remove/stow any brought items; 3) we/I understand that, at any time, the City of Hammond (City) may inspect the Center to verify proper use and that the City is NOT responsible for brought items; 4) we/I agree to indemnify and hold harmless the City from any and all claims, damages, liabilities, and/or expenses arising out of the event/activity—including by any act, omission, and/or negligence of any attendee; 5) we/I release the City from liability for any and all losses or damages sustained by us/me or by any person claiming by, though, or under us/me due to a) the Center or any part thereof or any appurtenances thereto becoming out of repair, b) the happening of any accident, including, but NOT limited to, any and all damage caused by water, snow, hail, ice, wind, gas, steam, security or fire alarms, fire, fire extinguisher, electrical wiring and/or devices and/or appliances, plumbing, heating, ventilation, and/or air conditioning; and/or c) any acts or omissions of third parties; 6) we/I will NOT use any passcode issued to us/me to grant access to the Center to any person NOT attending the event/activity; and 7) we/I will NOT share any passcode issued to us/me with any person NOT listed on this form.

Primary Point of Contact's Original Signature

Date

Grants Department Review

Received by	Date	☐ Approved ☐ Denied
Remarks		

Passcodes

Wi-Fi	Entry	Disarm Alarm	Arm Alarm	Other

Alternate Point(s) of Contact (Optional)

The alternate point(s) of contact below shall be authorized to use the same passcode(s) issued to the primary point of contact. By signing below, each also acknowledges the same 7 Conditions of Use.

At least one (1) alternate point of contact is recommended:

Alternate Point of Contact	
Email	Telephone
Original Signature	Date

If **more than one (1)** alternate point of contact is listed, an explanation must be provided under Special Accommodations.

Alternate Point of Contact	
Email	Telephone
Original Signature	Date

Alternate Point of Contact	
Email	Telephone
Original Signature	Date

Alternate Point of Contact	
Email	Telephone
Original Signature	Date

Alternate Point of Contact	
Email	Telephone
Original Signature	Date

Special Accommodations

This box should be completed if Special Accommodations was checked *or* additional alternate points of contact were listed.

Use this space to describe and request special accommodations, including accessible accommodations, reconfiguration of space, software installation, signage, additional alternate points of contact, etc.