

Suddenlink Community Center Rental Fees

(2380 Suddenlink Way, Bullhead City, AZ 86442)

Facility	Per Hour* (2 Hour Minimum)	Per Day	Per Month	Deposit* (Refundable upon inspection)
Gym 9,000 sq.ft Occupancy-374	\$50	\$400	X	\$200
MPR 1,360 sq.ft Occupancy-90	\$40	\$200	X	\$200
Meeting Room 952 sq.ft Occupancy-35	\$25	\$175	\$250	X
Kitchen*	X	\$25	X	X

*Kitchen consists of counter space, a microwave, a fridge, a freezer, and a 3 compartment sink. (DOES NOT have stoves, ovens, or dishwasher)

Stage Rental for the GYM- \$50

Suddenlink Community Center Rental Rules & Regulations

Suddenlink Community Center Rental Rules & Regulations

Please check each of the following boxes to acknowledge you have read, understand and agree to the rules and regulations of the Suddenlink Community Center.

- NO alcohol is allowed in the facility or on the premises.

- NO smoking is allowed in the facility or on the premises.

- Facility Hours: The Suddenlink Community Center is available for rental between the hours of 8:00 a.m. and 11:00 p.m. Sunday – Thursday and 8:00 a.m. and 12:00 a.m. Friday – Saturday.

- Food and soft drinks will be permitted for private parties, but must be approved in advance by the Recreation Manager.

- If more people attend the event than what was specified in the reservation, the deposit will not be refunded. If the amount of people over the reservation requested exceeds the dollar amount of the deposit, the additional cost will be billed to the user.

- User are responsible for the following:
Removal of all trash, sweep floors and wet mop as necessary
Wipe restroom counters and mirrors make sure all toilets are flushed.
If these items are not complete after use, the deposit will not be refunded.

- Set up and clean up is to be done within the hours specified for the reservation. If additional time is needed for set up or clean up, an additional fee will be charged.

- Tables and chairs are available for use. Make your request on the reservation form.

- Must show proof of a general liability insurance policy in the amount of at least \$1,000,000 with the City named as an additional insured for any space rented for over 30 days.

Signature: _____

Date: _____

City of Bullhead City
 Recreation Division
 2285 Trane Road
 Bullhead City, AZ 86442
 Office (928) 763-9400 Fax (928) 763-0131
If office is closed, please call (928) 234-7388
Suddenlink Community Center Use Application

Date of Application: _____/_____/_____

Name of Organization: _____

Contact Person: _____ Title: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone/Day: _____ Cell Phone: _____

Email Address: _____

Total estimated # of Participants: _____ Type of Activity: _____

Date(s) of Activity: **Please provide exact dates needed:** _____

Set up Time: _____ to _____ Event Time: _____ to _____

Clean up Time: _____ to _____ (Hours of operation: 8:00 am-10:00 daily)

Room/Space Requested: _____

Gymnasium: _____ hrs x \$50.00 x # of Days: _____ OR _____ Days x \$400.00 = \$ _____

Stage: _____ \$50.00 = \$ _____

Multipurpose Room: _____ hrs x \$40.00 x # of Days: _____ OR _____ Days x \$200.00 = \$ _____

Meeting Room: _____ hrs x \$25.00 x _____ Days OR \$175.00 x # of Days: _____ = \$ _____

OR _____ Months x \$250.00

Rental Deposit: \$200.00 per room (Includes Gym, Multipurpose Room, and Kitchen) = \$ _____

Kitchen: \$25.00 Daily Rental Fee x # of Days: _____ = \$ _____

Stage: \$50.00 = \$ _____

Total Reservation Fee: = \$ _____

Tables Requested: _____ Rectangle Rounded

Chairs Requested: _____

****IF DEPOSIT IS REFUNDED A CHECK WILL BE MAILED WITHIN 30 BUSINESS DAYS AFTER THE EVENT TO THE ABOVE ADDRESS.****

Additional Requests or Comments:

By submission of this application, I certify that the information above is accurate and that I agree to and will ensure that all other persons/entities associated with this application comply with the “Parks & Recreation Suddenlink Community Center Use Guidelines and Rental Rules”.

Applicant’s Full Name and Signature (print & sign if submitted by paper):

Signature: _____ ***Date:*** _____

Applicant’s Full Name and Certification (insert name and certify if application submitted online/by email):

Printed Name: _____ ***By checking the box below, I certify that I am the person listed as the applicant***

Approved by: _____ ***Date:*** _____