LARKSPUR FIRE PROTECTION DISTRICT

9414 South Spruce Mountain Road Larkspur, Colorado 80118
Business Phone (303) 681-3284 Fax: (303) 681-3201

TRAINING ROOM RESERVATION REQUEST AND AGREEMENT

Larkspur Fire Protection District (LFPD) will accept reservations for CY 2019 on a first-come-first-served basis. Those interested must contact the LFPD Administration Office for availability at 303.681.3284 between the hours of 8 a.m. – 5 p.m., Monday through Friday.

Rules and Regulations:

1. The Training Room may be used by recognized LFPD residents, non-profit/not-for-profit organizations* such as: HOA’s, Senior Citizens, Civic Club, Historical Assoc., Parks & Rec., Scouts, Fire Dept. etc. by prior arrangement. (Occupancy Limit: 99)

   *All use of the Training Room is at the discretion of LFPD Administration and the LFPD Board of Directors. Use of the facility includes only the North entrance, main room, adjoining restrooms, and corridor.

   A non-refundable cleaning/use fee will be assessed at $20 Per Meeting for HOA groups.

2. $30 Per Year for Non-Profit Organizations. $50 Per Meeting For-Profit Org (Flight-for-Life)

3. No alcoholic beverages are permitted in any part of the LFPD buildings and may not be consumed on the premises, including the parking areas and grounds at any time.

4. The Training Room is available at the agreed upon dates/times; however, LFPD will provide groups with a minimum of 30-days notice should one of our trainings supersede your meeting. (An actual LFPD emergency need may supersede reservations without prior notice.)

5. All users are responsible for set-up and clean-up; including, but not limited to:
   
   a. All trash/garbage must be removed and emptied into the dumpster outside in back of building.
   b. Refrigerator must be cleaned, if used; to include the removal of all food, refreshments, decorations, and supplies.
   c. All tables and chairs returned back to original place/storage provided.
   d. Bathrooms and corridor left in good order.
   e. Any debris must be swept and/or vacuumed from floors.

6. User groups are responsible for any additional charges due to misuse, damage, or stolen LFPD property.

7. The Larkspur Fire Protection District is not responsible for any lost or damaged personal property on the premises including the parking lots and grounds. Any personal injuries sustained during use are not the responsibility of the LFPD. ANY INJURIES OR DAMAGES MUST BE REPORTED TO THE FIRE DISTRICT IMMEDIATELY.

“Dedicated to our community through quality services, compassion, and excellence”
MEETING REQUEST APPLICATION:

Group Name: ________________________________________________________________

Primary Contact Name: __________________________________ Primary Contact Phone(s): ________________________

Email: ________________________________________________________________

Secondary Contact Name: __________________________________ Secondary Contact Phone(s): ________________________

Email: ________________________________________________________________

Purpose of Meeting: ________________________________________________ (e.g. board meeting, CERT training, etc.)

Requested Date(s) __________________________________ Requested Time(s): ________________________

Is this a “single” use request? _____ YES _____ NO

**If a recurring request, state frequency: ____________________________________ (e.g. monthly, 2nd Tues, etc.)

The undersigned agrees to fully comply with the above Rules and Regulations in the use of the LFPD Training Room.

__________________________________________________ ___________________________________
Signature of an authorized member of group Date

Notes:
1. Deposit payment must accompany reservation request, made payable to: Larkspur Fire Protection District.
2. LFPD reserves the right to modify these conditions at any time without prior notification. Revisions will become effective immediately following a 30-day posting/notification.

LFPD OFFICE USE ONLY:

Date Deposit Received: ________________________ Cash or Check #: ________________________

Approved: _____ YES _____ NO If NO, reason for denial: ____________________________

Z:\FORMS\TRAINING RM RESV_AGREE LFPD initials: _______

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