

Date Mailed: \_\_\_\_\_

Date signed Contract and Fees due back: \_\_\_\_\_

MACON COUNTY CONSERVATION DISTRICT  
ROOM RESERVATION REQUEST FORM  
ORIENTATION ROOM

Maximum of 20 people. Use coffee maker is included

Day and Date of Reservation: \_\_\_\_\_

Number of Guests: \_\_\_\_\_ \*Arrival Time: \_\_\_\_\_ \*Departure Time: \_\_\_\_\_

Name of Group: \_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Rates: (Please check and total fee where indicated)

4 hours \$ 65.00 \$ \_\_\_\_\_

5 – 9 hours \$ 105.00 \$ \_\_\_\_\_

Extra hours, per hour charge \$ 52.00 X \_\_\_\_\_ hours \$ \_\_\_\_\_

Refundable Damage Deposit \$ \_\_\_\_\_

\$100 per room rental, and please send this as a separate check

TOTAL AMOUNT OWED \$ \_\_\_\_\_

I will need to use the following Audio Visual Equipment:

Power Point Projector

TV/VCR/DVD

Podium with microphone

Please sign waiver and return with checks for total amount plus refundable damage deposit. Please make checks payable to:

Macon County Conservation District  
3939 Nearing Lane  
Decatur, Illinois 61521

Reservation are not CONFIRMED until payment has been received.

**General Rules:**

1. Smoking and all alcoholic beverages are not permitted on the premises.
2. All activities must be confined to the room rented.
3. Children must be supervised at all times.
4. The person signing the agreement is the responsible party in charge of the group's compliance with the rules and clean-up.
5. Trash cans are provided for your use. Tables must be wipe off tables and room vacuumed. (Cleaner and vacuum stored in table closet).
6. Food and drink must stay in the area of the Auditorium only.
7. Music: Events which will require sound amplification must be submitted for approval. Any device which emits a noise which is disturbing to the reasonable quiet of other persons nearby. Please remember that we promote a "family environment", please choose music accordingly.
8. Adequate parking is provided at all conservation areas for the capacity of facilities at each location. Be sure your guests know where the designated parking areas are located. No parking along roadways or grassy areas.

Please initial, I have read, understand and will comply with the above rules. [ \_\_\_\_\_ ]

**WAIVER FORM**

**MACON COUNTY CONSERVATION DISTRICT**

I do hereby waive, release and hold harmless, the Macon County Conservation District and its agents, employees and representative from any and all liability including, without limitation to, liability for any physical or mental injury or aggravation of any pre-existing illness or handicap, property damage or losses, and for any other liability or injury which may be sustained.

In making application for the use of facilities at Rock Springs Conservation Area, I agree to be responsible for any breakage or damage to the building or its contents. I further agree to leave the building in the condition in which I find I understand the rules for building use and will fully comply with them.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name