

Lake Shelbyville Visitor Center Use Application Form

Please print when completing this form

Name of Applicant– Last, First, MI		Home/Office Phone	Mobile Phone
Organization Name, if applicable			Fax
Street Address	City	State	Zip Code
Email Address	# of People Expected		Age Range
Time From: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	To: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Requested Reservation Date(s)	

Description and Purpose of Activity

Will food be served?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Projector: <input type="checkbox"/> East <input type="checkbox"/> West
On-site food preparation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Podium: <input type="checkbox"/> One <input type="checkbox"/> Two
Will alcoholic beverages be served? <i>*Notes: Beer and wine only; sale of alcohol not permitted; Providing alcohol to MINORS (under age 21) is PROHIBITED</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Table for computer <input type="checkbox"/> One <input type="checkbox"/> Two
Will kitchen area be needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please list audio/video cables needed: _____

Tables and Chairs:

18" x 72" folding tables # of narrow tables needed: _____ (12 available)
**Note: tables will accommodate 3 chairs per table*

30" x 94" folding tables # of wide tables needed: _____ (12 available)
**Note: tables will accommodate 8 chairs per table*

64" diameter round folding tables # of round tables needed: _____ (12 available)
**Note: tables will accommodate 6-8 chairs per table*

Chairs # of chairs needed: _____ (90 available)

Suggested Donations # of Days Unit Donation Total

Suggested Donations	# of Days	Unit Donation	Total
Auditorium		\$300/day	
Auditorium - 1/2 room		\$150/day	
Auditorium - 4hrs (8-4:30)		\$125/day	
Library		\$25/day	
Outdoor Classroom		\$75/day	
Grand Lobby– see page 2		\$100/day	

Deposit: \$100
(may increase due to the size of event)

Total (with deposit):
\$ _____

Application may be dropped off at the Lake Shelbyville Visitor Center or mailed to:
 U.S. Army Corps of Engineers, Attn: LVA, 1989 State Hwy 16, Shelbyville, IL 62565
 Suggested donations, deposits and confirmations MUST be received by the Lake
 Volunteer Association (LVA) no later than 10 working days prior to the event date.
NO REMINDERS WILL BE SENT.
 Room is available from no earlier than 8:00 a.m. until no later than 10:00 p.m. daily

Special Notes/Instructions

User Agreement

I have read and understand all the Facilities Use Information and will follow all guidelines and restrictions, as well as any conditions in the Special Use/Event Permit. I also confirm that I am authorized to act on behalf of the organization listed on the application. The undersigned hereby accepts this permit subject to the terms, covenants, obligations and reservations expressed or implied herein.

(Signature of Applicant)

(Date)

LVA OFFICIAL COMPLETES THIS SECTION

I hereby approve and authorize the applicant use of the Lake Shelbyville Visitor Center facility as described in this agreement, during the period and for the purposes stated above.

Damage Deposit: Required Not Required Amount: \$

Liability Insurance: Required Not Required Amount: \$

Approved by:

(Signature of Representative)

(Date)

Deposit Received

Payment Received

(Date)

(Date)

Special Event Permit: Required Not Required Prepared

(Date, Initials)

Special Use Permit: Required Not Required Prepared

(Date, Initials)