



CITY OF LACEY
DEPUTY CITY CLERK
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LACEY, WA 98503
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CITY OF LACEY APPLICATION FOR USE OF THE WASHINGTON CENTER

- Applications accepted January 1 through July 31 for a free day in a subsequent year -

Organization/Agency

Contact Name

Title

Mailing Address

City

State

Zip

Work Phone

Cell Phone

Fax

Email Address

ORGANIZATION/AGENCY INFORMATION

Date organization/agency was formed: _____

Non-profit: Yes No (If yes, attach copy of current non-profit corporate registration)

Describe membership base: _____

LIABILITY INSURANCE

Policy name: _____

Policy Number: _____ Expiration: _____

\$ _____ - Bodily injury per person

\$ _____ - Property damage per occurrence

\$ _____ - Combined single limit

Note: If your organization does not have insurance, and the City approves your application, you will need to make arrangements with the Washington Center to have them provide coverage for you.

EVENT INFORMATION

Name of Event: _____

Describe Event: _____

Purpose of Event: _____

How frequently is event held: _____

Will admission be charged? Yes No Will donations be solicited? Yes No

Date Requested: _____ Stage 1 Stage II Stage I & II

I hereby state on behalf of [ORGANIZATION/AGENCY] _____, I that I have read and agree to the City of Lacey Guidelines for Use of Washington Center (attached):

I understand that while the use of the Center is rent free, the responsibility for labor charges and any other out-of-pocket expenses incurred in making the event happen rests with the organization which I represent.

SIGNATURE

PRINTED NAME

DATE

For City Use

Date Received: _____

Community Relations & Public Affairs Committee: Approved _____ Disapproved _____ Date _____

Lacey City Council: Approved _____ Disapproved _____ Date _____

Applicant Notified: _____

Washington Center Notified: _____