

DeVos Family Center for Scouting Information Request

Will meals be served? Yes/No If yes, name of Caterer _____
Contact Person _____

If damage occurs, your group will be billed accordingly. Please do not keep chairs against the wall area. Please do not take anything out of other meeting rooms or use other rooms without checking with receptionist first.

The only area where smoking is permitted is the lower level outdoor patio. (Behind building). Take elevator to lower level, turn right you will see the exit doors. Please refrain from smoking if children are present. Smoking is not permitted anywhere else on the Gerald R. Ford grounds and building.

Due to our high ceiling sound travels throughout the building. Please try to control your volume and close doors at all times.

Please bring the supplies you will need (video equipment, flipcharts, etc.). We do not provide supplies.

I _____, the undersigned representing _____ understand the policies for the DeVos Family Center for Scouting and agree to pay for any damage to property, facilities and/or equipment at the Center for Scouting due to misuse or negligence.

*Signature required ten business days prior to event to guarantee approval or usage for meeting facilities. Please sign and return form as soon as possible.

*Please keep groups in upper level, do not congregate in lobby area.

Signed: _____

Date: _____

Check Out Procedure

- | | |
|--|---|
| <input type="checkbox"/> Lights off
(Room, hallway & bathrooms) | <input type="checkbox"/> Garbage taken to small dumpster
(by loading dock) |
| <input type="checkbox"/> Dishes cleaned & put away | <input type="checkbox"/> Room straightened & vacuumed
(vacuum in closet on main floor) |
| <input type="checkbox"/> Shut off coffee pots | <input type="checkbox"/> Tables/Chairs returned to location
According to diagram (located
next to light switch in Multi Purpose
room & on wall in other rooms) |
| | <input type="checkbox"/> Lock door and put key & this form on
Receptions desk |

Actual # of people attended _____ Meeting Planner on site _____

***Please complete form at end of function and return to Receptionist.**

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