



City of Suwanee Room Rental Application

Application Deadline

Room requested _____

Event date _____

Hours room is being requested: From _____ To _____

Hours of actual meeting/event: From _____ To _____

Organization/individual requesting use: _____

Mailing address _____

City/Zip Code _____

Contact person _____

Day Phone _____

Evening Phone _____

Type of event _____

Purpose of rental _____

Size of group _____ (If group exceeds room capacity, the function may be terminated.)

A/V Needs _____ Wireless Microphone _____ Projector _____ WiFi

Seating Set Up _____ Theater (standard) _____ Classroom _____ U-Shape _____ Banquet Rounds

(Seating can only be reconfigured in Council Chambers)

Room Capacity and Rental Fees

Fees on all rooms are applicable for rentals after 5:00 pm and on Saturday and Sunday

ROOM	CAPACITY	FEE
City Hall Council Chambers	85-100	\$100.00/2hours/\$25.00 ea. add hr.
Crossroads Court Chambers	80	\$100.00/2 hours/\$25.00 ea. add hr.
Small Conference Rooms	6 to 10	\$50.00/2 hours/\$25.00 ea. add hr.
Big Splash Room	25-30	\$50.00/2 hours/\$25.00 ea. add hr.

Additional Information

User Groups

City business and organizations that directly involve citizens of Suwanee have priority room use.

Rental Periods

Meeting rooms are available Monday through Friday 8:00am-9:00pm and minimally on Saturday and Sunday. Saturday and Sunday rentals are dependant upon resource availability and City of Suwanee event schedule.

Please read the *Policies and Procedures for Reserving City of Suwanee Meeting Rooms* prior to signing this Room Use Application.

I agree to protect, indemnify, and defend the City, its authorized agents, elected and appointed officials and all employees against any and all claims as a result of persons attending any function at the facility. This provision includes any expenses incurred by the City defending such claim.

I have read the *Policies and Procedures for Reserving City of Suwanee Meeting Rooms*. I further agree to abide by the Policies and Procedures as well as the ordinances of the City of Suwanee and I accept responsibility for any violations as they may pertain to the application.

Signature _____

Date _____

**Please forward the application and rental fee (if applicable) to:
Office Administrator, City of Suwanee, 330 Town Center Avenue, Suwanee, Georgia 30024**

For emergencies during after hours rentals, please call (404) 933-4072.