



**Oxford Township Parks & Recreation**  
**2795 Seymour Lake Road**  
**Oxford, MI 48371**

**Office M-F 9am-5pm- (248) 628-1720 & Nights & Weekends- (248) 969-2032**

<i>Office Use Only</i>
Taken by: _____ Date: _____
Date of Reservation: _____
Rental Fee Paid: _____

**COMMUNITY ROOM APPLICATION & PERMIT**  
 (One event per form)

Name of group/organization: \_\_\_\_\_

Event Use/Meeting Use: \_\_\_\_\_

Resident/Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of function: \_\_\_\_\_ Event Start Time: \_\_\_\_\_ Event End Time: \_\_\_\_\_

Number of users: \_\_\_\_\_ \$200.00 Security Cleaning Deposit: (Cash) (CC) (Check)

**The Community Room Rental Rates**  
**Saturday & Sunday Only**

**RESIDENT**  
**\$150**

**NON-RESIDENT**  
**\$250**

**MAXIMUM**  
**99**

**ALCOHOL PROHIBITED IN ALL OXFORD TOWNSHIP PARKS & BUILDINGS**

I hereby affirm that I have read and will abide by the rules outlined in the Oxford Township Parks and Recreation Community Room Policy. The undersigned further understands that failure to comply with all agreements herein stated or falsification of any information called for in this application will be grounds for denial of this or any future permits and loss of security deposit.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand I cannot tape or pin anything to the walls or ceiling. Applicant Initials: \_\_\_\_\_

To be completed by Dept. Representative: Condition of Room: Clean ___ yes ___ no	
Damage ___ yes ___ no	Remarks: _____
Signed: _____ Date: _____	
Deposit: Credit Card Number (Visa/MC) _____ - _____ - _____ - _____ Expiration Date (Month/Year) ____/____ CVV# _____	
Check # _____	

**Office Copy (original)**       **Park Supervisor (copy)**       **Applicant (copy)**



*The Oxford Parks and Recreation Commission will provide the necessary reasonable auxiliary aids and services for individuals with disabilities. Please contact the Parks and Recreation Office at (248)628-1720 as soon as possible to allow Parks and Recreation sufficient time to have the reasonable aids and services available.*