



Today's Date _____
Date of Rental _____
Hours of Rental _____
Name of Renting Party _____

Please check carefully:

We are a Business _____ Private Party _____ Non Profit Org _____

We are renting the upstairs common room only _____

We are renting entire building _____

We will be serving alcohol _____

Rental Fees (submit check with application)

Full Day and Hourly Rates Available

Use of Concession Area add on \$50

Total Rental \$ _____

Damage Deposit (required, refundable, use a separate check please)

With Alcohol \$500

Without \$100

Total Damage Deposit \$ _____

(make both checks out to: Ely Nordic Ski Club)

Name of Responsible Person _____

Address _____

Phone or Cel _____

Email Address _____

Responsible person must comply by Rules and Regulations (see attached sheet)

And will have damage deposit returned to them after inspection of facility following rental date. Thank you for your cooperation.

PLEASE NOTE: NO alcohol served after 1:00 am. Vacate premises by 1:30am.

Building Managers: Scott 218-235-18535 or Dave 218-235-1164