



DEPARTMENT OF AVIATION

Meacham Conference Center Reservation and Usage Agreement

The Conference Center may be reserved up to 90 days in advance. Rates* are for **For-profit** (FP) and **Non-profit** (NFP) groups, as well as for Tenants and other City Departments. Approval for non-profit group requires proper documentation. Rental of the Conference Center includes use of the reception, kitchen, and staging areas.

| Rental Rates | Hourly | Day Rate |
|--|--------|----------|
| Tenant (8-5 / M-F) | \$50 | \$400 |
| Tenant (Afterhours / Weekends / Holiday) | \$75 | \$675 |
| City Department (8-5 / M-F) | \$25 | \$250 |
| City Department (Afterhours / Weekends / Holiday) | -- | \$300 |
| Non-Tenant For-Profit / Commercial (8-5 / M-F) | -- | \$500 |
| Non-Tenant For-Profit / Commercial (Afterhours / Weekends / Holiday) | -- | \$750 |
| Non-Tenant Non-Profit (8-5 / M-F) | \$25 | \$250 |
| Non-Tenant Non Profit (Afterhours / Weekends) | \$25 | \$300 |
| Additional Fees | | |
| Refundable Deposit | | \$200 |
| Set-Up & Tear-Down* | | \$75 |
| Clean-up Fee | | \$75 |
| <i>*If multiple room set-ups are required, additional set up fees may be assessed.</i> | | |

| | | |
|---|--|---|
| Tenant: <input type="checkbox"/> Y <input type="checkbox"/> N | City Department: <input type="checkbox"/> Y <input type="checkbox"/> N | CITY DEPT FID: |
| For Profit / Commercial Business: <input type="checkbox"/> Y <input type="checkbox"/> N | Non-Profit Organization: <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Organization / City Department: | | |
| Event Contact Name: | | |
| On Site Meeting Contact Name/Number: | | |
| Address: | | |
| Phone Number: | Email: | |
| Estimated attendance: | | |
| Are children involved? <input type="checkbox"/> Y <input type="checkbox"/> N | How Many? | |
| Will alcohol be served? <input type="checkbox"/> Y <input type="checkbox"/> N | Self-serve: <input type="checkbox"/> Y <input type="checkbox"/> N | For Sale: <input type="checkbox"/> Y <input type="checkbox"/> N |
| Will you utilize Conference Center Tables and Chairs: <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| MAXIMUM OCCUPANCY LOAD (Standing Room): 98 – This does not include the Pre-Conference Area | | |

Reservations are not final until payment is received

| MEETING DETAILS | | |
|-----------------------------|-------------|-----------|
| Meeting Set-Up date: | Start time: | End time: |
| Meeting start date: | Start time: | End time: |
| Meeting end date: | Start time: | End time: |
| Name of Meeting / Event: | | |
| Purpose of Meeting / Event: | | |

Additional Charges:

- Fee for returned check: \$25.00
- Fee for room damages: Actual cost. Security deposit will be applied to costs associated with damages; the remainder will be billed to the lessee.

AGREEMENT

I, the undersigned, representing the organization listed above, do hereby state that I understand and agree to the Aviation Conference Center policies and charges that govern the use of the Conference Room of the Fort Worth Aviation Department. I understand that the organization I represent is responsible for all damages or cleaning required to both the Conference Center, Pre-Conference Room, kitchen/pantry and any equipment used during our meeting. I understand that this reservation is not guaranteed until confirmed by Aviation Staff: upon receipt of Approval of Reservation Request and all fees due are paid.

Signature: _____

Date: _____

Printed Name: _____

Please make check or money order payable to:

City of Fort Worth, 201 American Concourse, Suite 330, Fort Worth, Texas 76106

| FOR OFFICE USE ONLY | | | |
|---------------------------------------|---|-------------------------------------|---|
| Non-Profit Documentation | | Will alcohol be served | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Room Layout Plan Received/Approved | | Will the alcohol served, be sold? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Marketing Materials Received/Reviewed | | TABC Documentation | |
| Security Required | <input type="checkbox"/> Y <input type="checkbox"/> N | Will food be served? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Security Documentation | | Will outside tables/chairs be used? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Payment method | | Date Received | |
| Rental Fees | \$ | | |
| Deposit | \$ | Staff Initials | |
| Post Event Inspection | | Staff Initials | |
| Deposit Returned | <input type="checkbox"/> Y <input type="checkbox"/> N | Amount Returned | \$ |
| Reason: | | | |

NOTES / SPECIAL NEEDS: