

**ROGERS CITY AREA SENIOR & COMMUNITY CENTER**

131 E. Superior St.  
Rogers City, MI 49779  
989-734-2958



**ROGERS CITY AREA & COMMUNITY CENTER**

Suggested Donation Guidelines for Facility Use  
Subject to Availability

LOUNGE AREA	Four Hour Rental (\$10 add hr.)	\$ 60.00
	Eight Hour Rental (\$10 add hr.)	\$ 90.00
MAIN HALL	Four Hour Rental (\$10 add hr.)	\$ 140.00
	Eight Hour Rental (\$10 add hr.)	\$ 210.00
ALL OF FACILITY (excluding kitchen)	Four Hour Rental	\$200.00
	Eight Hour Rental	\$300.00
KITCHEN USE	Refrigerator.....	No Charge
	Oven.....	\$ 35.00
	Steam Table.....	\$ 25.00
	Dishwasher.....	\$ 35.00
	Full Kitchen.....	\$110.00

(Use of the Walk-In Cooler and Freezer are not available for private parties)

User may do their own food preparation or use a caterer of their choice.  
The Facility Manager and the “Person in Charge” of the event shall meet prior to 10 a.m. the following day to determine if the facility has been properly cleaned and if a cleaning fee is required.

*“Rogers City Area Seniors, Inc. is an equal opportunity provider and employer”  
To file a complaint of discrimination write USDA, Director, Office of Civil Rights  
1400 Independence Avenue SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD)*

\_\_\_\_\_  
Person In Charge Signature                      Name Printed                      Event Date

\_\_\_\_\_  
Organization, if applicable                      Address                      Phone Number

\_\_\_\_\_  
Caterers Signature, If Used                      Caterers Printed Name                      ServSafe#

In the event alcohol is provided, Liquor permit or homeowners liability coverage information must be provided to facility manager, 5 days prior to event.

\_\_\_\_\_  
Managers Signature of Acceptance                      Date

	4 hours	8 hours
Lounge Area	\$ _____	\$ _____
Main Hall	\$ _____	\$ _____
All of Facility	\$ _____	\$ _____
Kitchen Full Use	\$ _____	\$ _____
Kitchen Partial Use	\$ _____	\$ _____
Total Rental	\$ _____	\$ _____

Received from \_\_\_\_\_ the amount of \$ \_\_\_\_\_ Dollars.

Received By RCAS Representative \_\_\_\_\_ Date \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

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