

Hmong Cultural and Community Center
Hmong Mutual Assistance Association, Inc.

1815 Ward Avenue, La Crosse WI 54601
 608-781-5744



HCCC Usage Request Form

1. **Name of requesting Official/Organization:** _____

2. **Contact Person:** _____

Address: _____

City, State, Zip Code: _____

Telephone Number: (_____) _____

E-mail (if available): _____

3. **Is this a non-profit organization?** Yes No

4. **Is this a charitable organization as recognized by the IRS?** Yes No

If yes, provide the determination letter from the IRS.

5. **What is the purpose of using this facility for your event?**

6. **Date Requested:** _____ **Start Time:** _____ **End Time:** _____

7. **Space requested:** Kitchen Fellowship Hall Exercise Hall Memorial Hall Other: _____

8. **Equipment requested:** None Tables Chairs Other: _____

9. **Will an admission be charged for this event?** Yes No

10. **Name of individual who will be responsible for cleaning the facility after the event?** _____

Phone number: _____

When will the facility be cleaned? Immediately after use Next day Other (please indicate): _____

Fee Schedule:

I. Hourly Rate Option:		Rate Per Hour	Hours Need	Amount
1	Board Room	\$ 10.00	0	\$ -
2	Gillette Family Dining Hall	\$ 30.00	0	
3	Fowler & Hammer Fellowship Hall	\$ 10.00	0	\$ -
4	LaX Com Fdtn Kitchen	\$ 35.00	0	\$ -
5	Memorial Hall	\$ 15.00	0	\$ -
6	Wellness Center	\$ 10.00	0	\$ -
Total				
	* Founder Member Discount (20%)	0%		\$ -
	* HCCC Membership Discount (20%)	0%		\$ -
Amount Due				\$ -

II. Daily Rate Option:		Rate Per Day	Day Need	Amount
1	Board Room	\$ 50.00	0	\$ -
2	Gillette Family Dining Hall	\$ 200.00	0	\$ -
3	Fowler & Hammer Fellowship Hall	\$ 60.00	0	\$ -
4	LaX Com Fdtn Kitchen	\$ 250.00	0	\$ -
5	Memorial Hall	\$ 80.00	0	\$ -
6	Wellness Center	\$ 50.00	0	\$ -
		Total		\$ -
* Founder Member Discount (20%)		0%		\$ -
* HCCC Membership Discount(20%)		0%		\$ -
		Amount Due		\$ -

III. Make check pay able to: La Crosse HCCC **TOTAL DUE** \$ -

User:
 I acknowledge and accept the stated fee. Payment will be made according to the terms and conditions on the usage application of HCCC.

Signature Print Name Date

*Commercial, funeral, or soul release function is not qualified

I understand that coordination with the facility manager does not constitute approval of the requested event. Coordination assures the HCCC Facility Manager that the facility manager can support your request. Further, I will not start advertising this event until I receive approval from the Facility Manager. If approved, I understand that we are subject to follow HCCC Rules and Regulation.

Applicant signature _____

Title of Applicant _____

HCCC Official Use Only

Facility Manager: Approved Denied Waived

Date: _____ Facility Manager Signature _____

Reason:
