

Community Room Rental Agreement

Name of the Group: _____

Name of the Person Requesting the Room: _____

Date of meeting/event: _____ Time requested: From: _____ To: _____

Type of Activity: _____

\$250 Deposit Required at Reservation

*Kitchen use NON-PROFIT ONLY

*Please include your set-up and clean up time in your reservation.

Non-profit/Gov't: _____ \$20 per (4) four hours

Private: _____ \$35 per (1) one hour (Proof of residency Required)

Non-Resident: _____ \$50 per (1) one hour

I have read and understand the attached rules for the use of the Community Room. I understand that failure to abide by the Community Room rules and Policies for use will result in cancellation of or refusal of future reservations.

Signature of Applicant: _____ Date: _____

Address: _____

Phone Number: _____ Dr. Lic /ID Number: _____

FOR OFFICE USE ONLY

Total Fee Charged: _____ Rental Fee Check #: _____ Deposit Check #: _____

Date Paid: _____ Initials: _____

Notes from inspection: _____
