

DAVID BLYTH COMMUNITY ROOM RENTAL Agreement

Applicant must be 21 years of age or older



EVENT DATE _____ - _____

TIME OF EVENT FROM _____ TO _____
(PLEASE INCLUDE SET UP AND CLEAN UP TIME)

RESPONSIBLE PARTY _____ TYPE OF EVENT _____

PHONE _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME OF ORGANIZATION if any _____ PHONE _____

NUMBER OF PEOPLE _____ (MAXIMUM OCCUPANCY 80)

The undersigned agrees that they have received and read a copy of the Rules and Regulations. They agree that they will be responsible for any damages incurred in the Lawson Community Room and will accept the position of the "Responsible Party" as stated in Section 150.130.

The Responsible Party is to be at function for the entire duration of specified event and available by Mobile phone.

The Responsible Party agrees to allow City Employees access to the facility for the duration of event, to the extent deemed necessary by such employees in the circumstance.

Signature _____ Date _____

Cleaning Deposit (\$200.00)

DATE _____ RECEIPT # _____ check cash credit card

Fees (\$50 first hour + \$30/hr)

DATE _____ RECEIPT # _____ check cash credit card

Hours _____ \$ Collected _____ KEY# _____ KEY RTD

Notes _____
