

COMMUNITY CENTER RENTAL AGREEMENT

Name of Group/Individual: _____

Person Responsible: _____

Address: _____

City / Zip Code: _____

Telephone Number: _____

Second Contact Name: _____

Type of Event: _____

Date of Event: _____ No of people attending: _____

Alcohol: Y or N **6% beer and wine allowed only in keg or box clear cups Alcohol must be monitored at all times.**

Room Requested: **Large or Small** Resident: _____ Non-Resident: _____

Kitchen Needed: **Y or N**

Time of Setup From: _____ AM. or PM To: _____ AM or PM
(No charge for setup or cleanup time)

Time of Event From: _____ AM or PM To: _____ AM or PM

Fees Collected:

Damage Deposit: _____ Paid: **Y / N** Date: _____ Ck#: _____

Rental Fee per hr: _____ Paid: **Y / N** Date: _____ Ck#: _____

Hours Used: _____ Amount Due: _____

Office use only:

| | | |
|--------------------------|--------------------|------------------|
| Refund Due: _____ | Date: _____ | Ck# _____ |
|--------------------------|--------------------|------------------|

***I have received, read, and fully understand and agree to the rules and regulations governing the facility usage. Failure to meet these rules and regulations will result in immediate termination of event or activity. The undersigned assumes full responsibility for use of the center and agrees to reimburse the Town of Johnstown for any damage or cost of cleaning up which exceeds the security deposit.**



Signature: _____ **Date:** _____