

Town of Cedar Fort Community Center Rental Agreement

Contact Information:

Name of Person/Organization: _____

Contact Name: _____ Phone: _____

Address: _____

City: _____ Zip: _____

Reservation:

Date Requested: _____

From: _____ To: _____ Total Hours: _____

Type of Event: _____

Rental Fees:

Residents/Non-Profits: \$35/hour (max \$300/day) _____

Non-Residents: \$70/hour (max \$600/day) _____

Commercial Groups: \$100/hour (max \$900/day) _____

Rental Deposit:

A \$300 deposit is required for residents and non-profits. A \$600 dollar deposit is required for non-residents and commercial groups. Deposit will be returned after the Community Center is inspected for proper cleanup and all equipment is present and accounted for.

A deposit of _____ has been received.

Applicant Signature

Date

Groundskeeper

Date