

Name of organization or person making reservation _____

Address _____

Phone numbers (home) _____ (work) _____

RESERVATION INFORMATION

Date and time of activities _____

Area(s) to be used _____

Number of chairs needed _____ Number of tables needed _____

DEPOSIT/FEES (Required to be paid in full two weeks before date of activities)

(NOTE FOR ANY EVENT THAT IS HELD AFTER HOURS: THE ORGANIZATION MAKING THE RESERVATION WILL HAVE TO PROVIDE A SECURITY OFFICER. ADDITIONALLY, THERE IS A \$30.00 PER HOUR FEE FOR RECREATION CENTER STAFF TO STAY.)

Small Room (deposit \$25.00) # Hours # After Hours Amount Due

Commercial (\$12.50 per hour) _____ + _____ = _____

Private (\$8.75 per hour) _____ + _____ = _____

Non-profit (\$6.25 per hour) _____ + _____ = _____

Medium Room (deposit \$35.00) # Hours # After Hours Amount Due

Commercial (\$18.75 per hour) _____ + _____ = _____

Private (\$12.50 per hour) _____ + _____ = _____

Non-profit (\$8.75 per hour) _____ + _____ = _____

Whole Room (deposit \$35.00) # Hours # After Hours Amount Due

Commercial (\$25.00 per hour) _____ + _____ = _____

Private (\$18.75 per hour) _____ + _____ = _____

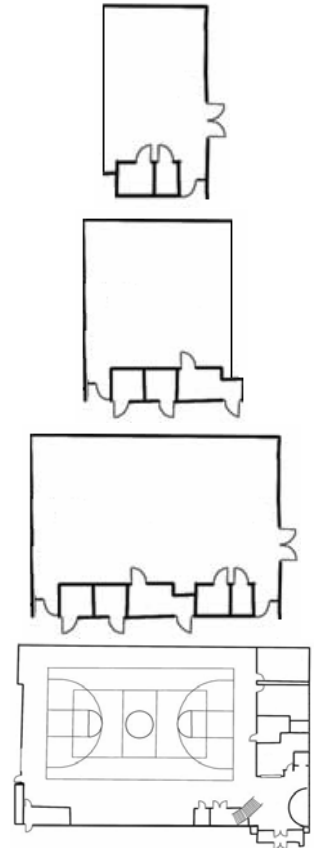
Non-profit (\$12.50 per hour) _____ + _____ = _____

Gym (deposit \$100.00) # Hours # After Hours Amount Due

Everyone (\$37.50 per hour) _____ + _____ = _____

Concession (deposit \$100.00) # Hours # After Hours Amount Due

Everyone (\$12.50 per hour) _____ + _____ = _____



OTHER

Date deposit returned or deposited _____

If deposit was not returned, reason _____

I do hereby agree to forfeit the entire amount of deposit to the Parks and Recreation Department if the conditions are not the same after my use of the area and all of its facilities as before my use. Whereby inspected by myself or representative and a Parks and Recreation representative during my tour of facilities. Any damages that exceed the amount of the deposit will be paid by the person in charge or his/her organization or group to the Parks and Recreation Department within 30 days.

I have read the above information as well as the Field Reservation Policy and understand and will comply according to the provisions of this contract.

Signature of person making reservation

Date

Signature of Parks and Recreation representative

Date