



# COMMUNITY CENTER RESERVATION FORM

Name of Applicant/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Proposed Use of Facility: \_\_\_\_\_

Dates and Times of Use: **FRIDAY OR SATURDAY ONLY** When: \_\_\_\_\_

Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Number of People Expected to Attend: **Under 50** \_\_\_\_\_ **50-100** \_\_\_\_\_ **Over 100** \_\_\_\_\_

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## FEE SCHEDULE:

<u>Facility</u>	<u>Resident</u>	<u>Non-Resident</u>	<u>Amount Charged</u>
Auditorium	\$250	\$500.00	\$ _____
Kitchen	\$50.00	\$100.00	\$ _____
Cleaning/Security Deposit	\$100		\$ 100.00 _____
<b>TOTAL CHARGED</b>			<b>\$ _____</b>

\* Cleaning / Security Deposit may be refunded after cleaning checklist is reviewed by facility director. \*

In consideration for the use of the Farr West City Community Center, I \_\_\_\_\_  
 Agree to accept any and all liability for and pay for all damages caused to the facilities, grounds, equipment, furnishings or other items of personal property belonging to Farr West City, resulting in any way from my use or reservation of the facilities. I agree to hold Farr West City harmless for any personal injury or property damage to myself or any other party who may be on the premises as a result of my use or reservation of the facilities. I also agree that I have read and understand, as well as comply with the Policies and Rules for the use of the facilities and agree to pay all the fees and deposits required. I acknowledge and agree that Farr West City shall not be liable for the theft, loss or damage of my personal property or the property of any others used in the facility or the surrounding area.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Dated: \_\_\_\_\_

**CHECK OFF LIST FOR REFUND OF CLEANING AND SECURITY DEPOSIT**

**Cleaning:**

Floors swept \_\_\_\_\_  
 Floors mopped \_\_\_\_\_  
 Floors vacuumed \_\_\_\_\_  
 Glass Cleaned \_\_\_\_\_  
 Equipment put away \_\_\_\_\_  
 Tables \_\_\_\_\_  
 Chairs \_\_\_\_\_  
 Stove \_\_\_\_\_  
 Microwave \_\_\_\_\_  
 Fridge/Freezer \_\_\_\_\_  
 Kitchen \_\_\_\_\_  
 Garbage Cans \_\_\_\_\_  
 Exterior \_\_\_\_\_  
 Restrooms \_\_\_\_\_

**Damages:**

Flooring \_\_\_\_\_  
 Walls \_\_\_\_\_  
 Doors \_\_\_\_\_  
 Windows \_\_\_\_\_  
 Sound System \_\_\_\_\_  
 Tables \_\_\_\_\_  
 Chairs \_\_\_\_\_  
 Stove \_\_\_\_\_  
 Microwave \_\_\_\_\_  
 Fridge/Freezer \_\_\_\_\_  
 Cabinets \_\_\_\_\_  
 Lights \_\_\_\_\_  
 Exterior \_\_\_\_\_  
 Restrooms \_\_\_\_\_

Were items removed from the facility? (i.e. garbage cans, tables, chairs, furnishings, décor, etc.)  
 \_\_\_\_\_

If any of the above listed items were not in satisfactory condition, please explain: \_\_\_\_\_  
 \_\_\_\_\_

If damages occurred to furnishings of facilities, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Amount of Deposit to be Refunded: \$ \_\_\_\_\_ By: \_\_\_\_\_

Refund Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_