

Geneva Community Center

RENTAL RESERVATION REQUEST & AGREEMENT

EVENT DATE

M T W Th F Sa Su
(circle)

___/___/___
Mo Da Yr

EVENT TIMES

___(am/pm) to ___(am/pm)
(circle) (circle)

TYPE of EVENT/PURPOSE _____ **# PERSONS EXPECTED** _____

Contact Person: _____ **Phone ()** _____

Address: _____

FEE SCHEDULE (check all that apply)

<input type="checkbox"/> Community Room Only	\$50/ 4hr
<input type="checkbox"/> Community Room & Kitchen	\$75/ 4hr –or– \$125/ 8hr
<input type="checkbox"/> Training Room Only	\$35/ 4hr –or– \$60/ 8hr
<input type="checkbox"/> Training Room & Kitchen	\$50/ 4hr –or– \$75/ 8hr

(check all desired) 2 Restrooms 4 Restrooms

AMENITIES (check all you wish to use)

Flat screen TV (66"x38") w/remote Microphone/in-house PA

___ Tables & ___ Chairs ___ Chairs Only

- A \$50 Security Deposit is required for all rentals and will be refunded upon return of keys and room inspection for cleanliness or damage.
- Keys may be picked up at Geneva Town Hall, unless other arrangements are made.
Hours: Weekdays 8 am-4pm EXCEPT Wed 8am-12:30 pm (Closed Sat & Sun)
- The applicant acknowledges having read and received a copy of the Community Center Directory and Use Policy, and agrees to abide by the Use Policy by signing below:

_____ ___/___/___
Mo Da Yr

Applicant/Responsible Party Signature

For Office Use Only:

<input type="checkbox"/> Keys picked up: Date ___/___/___	Initial _____
<input type="checkbox"/> Keys Returned: Date ___/___/___	Initial _____
<input type="checkbox"/> Community Center inspected for cleanliness and damage	Initial _____

LIST ANY ISSUES—cleanliness, damage, or other _____

Signed _____