Kingsford Heights Community Center Rental Agreement

Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Rental Information

Date Reserved _____

Beginning Time _____ _____ am _____ pm

Ending Time _____ _____ am _____ pm

☐ $100 Reservation Rental Fee

☐ $50 ($100 if alcohol is served) Reservation Rental Deposit

Are you serving Alcohol? Yes No If yes, Name of Officer: _____

If serving alcohol, please provide proof of insurance.

I acknowledge receiving a copy of the Kingsford Heights Community Center Rental Agreement - Hold Harmless Agreement and a copy of the rules and regulations. I have had the opportunity to ask any questions about the rental policy, and my questions have been answered satisfactorily. I also understand and agree that I will be held responsible for any damages to the Kingsford Heights Community Center that occur during and/or as a result of my use of the center. Additionally, I agree that the Town of Kingsford Heights and any affiliates will be held harmless from any loss or injury from this rental.

Renter's Signature _____ Date _____

Office Use Only

Amount Received _____ Signature _____ Date _____