

FACILITY RENTAL FORM

Date of Request: _____

Name of Requestor: _____

Name of Organization: _____

Name

Address

Phone

Date of Rental: _____

Begin Date

Time

End Date

Time

Function:

Check One

Cake Walk

Family Event

Political Event

Funeral Gathering

Bingo

Concession

Business Meeting

Other: _____

Description: _____

Description	✓ Mark	Fee	Quantity	Money				Date
Meeting Room		50.00		Subtotal	5% Tax	Total	Order#	Receipt #
Tables (1-20)								
Chairs (1-150)								
Kitchen		15.00						
Coffee Pot (1)								Date Received
Rental/Key Deposit		25.00						

Note: Payment by Money Order Only - Payable to White Rock Chapter. NO CASH or PERSONAL CHECKS

CONDITIONS, AGREEMENT AND RULES TO FOLLOW

- 1 The Renter must make their initial assessment of the building inside and out, restrooms and kitchen with Chapter Administration.
- 2 The Renter agrees to use tables/chairs & coffee pot inside the Chapter building only. Items cannot leave the building.
- 3 The Renter agrees to sweep & mop floors; put away tables & chairs neatly in storage room after use.
- 4 The Renter agrees to clean the Kitchen; remove food & grease from stove/sink, wipe counters, sweep and mop floor. Remove any food/items in drain trap under the sink.
- 5 The Renter agrees to pack their trash and dispose of them properly. Not to leave left over food in fridge or on sidewalk.
- 6 The Renter agrees to report to the Chapter Administration of any damages, broken chairs or tables, markings, etc.
- 7 Deposit refund will be issues upon Chapter Administration assessment and approval.

White Rock Local Government is NOT responsible for any injuries, loss and/or accidents under this agreement.

I, _____ am responsible for any damages, theft, loss, injuries and/or accidents that occur on chapter property during my rental. I am also responsible for picking up and returning the keys to the building and I will be the only person to have the keys in my possession. Rental/Key deposit will only be released to renter (M-F, 8a-5p).

Signature: _____

Date: _____

OFFICIAL USE ONLY BY CHAPTER ADMINISTRATION

APPROVED

DISAPPROVED

REASON FOR DISAPPROVAL: _____

SIGNATURE: _____

CHAPTER ADMINISTRATION

DATE

SIGNATURE: _____

CHAPTER OFFICIAL

DATE