

181 W. Harrison St. • P.O. Box 68 • Warsaw Mo 65355 • Phone: (660) 438-5522 Fax: (660) 438-7142

## COMMUNITY BUILDING RENTAL AGREEMENT

Payment is due with Application. Must be 18 yrs or older.

Select one:				
Facility Requested:	Hourly Rate or 🛨	24 Hr Calendar Date Rate	e Capacity	
Harbor Room	\$10.00 per hour	\$75.00 max / 24 hr	60 max	
Comm. Bldg. / Gym	\$20.00 per hour	\$200.00 max / 24 hr	400 max	
Comm. Bldg. / Gym / Kitchen	· •	\$250.00 max / 24 hr	400 max	
Example: Harbor Room Rental for 8 hrs = \$80.00 but if you rent for a full day (24 hrs) = \$75.00				
USER INFORMATION: Complete steps: 1-11				
* All Events must be scheduled with the City Office. Please call or come by to ensure date is available before completing form.				
1. Name or Organization seeking to use	facility:		·	
<b>2</b> . Contact Phone#: Phone 2#				
<b>3.</b> Description of Event:				
4. Estimated Attendance:	·			
<b>5.</b> Do you have Tables? Yes / No / n/aif No, how many do you request?				
b). Sound System: Yes / No / n/a c). Bleachers? In / Out / n/a d). Other: Special Request:  EVENT DURATION: Please include Set-up, Clean-up & Tear-down				
7. Event <u>START DATE</u> ://	Event <u>S</u>	TOP DATE:/	<u> </u>	
8. Event START TIME: A.I	M / P.M Event E	ND TIME:	A.M / P.M.	
9. EVENT TOTAL HOURS: (MUST Include: Set-up, Clean up & Tear down)				
Continue to pg. 2 "Facility Rules" Acknowledgement & Signature pg.				
For Office Personnel Only: Fill in A-E.				
A). Total Hours				
B). Facility Fee Rate per hour\$ Or <u>24 hrs</u> at \$:				
C). Total Amount Paid (A x B)\$				
D). Payment Form: Cash, Check, Money Order, Debit/Credit (circle one)				
E). Receipt # Staff Nam	ne:	Date:	//	

**EVENT ON CALENDAR: Staff Initials\_\_\_\_\_\_ Date\_** 

Called Customer to P/U Key for event: Staff Initials\_

Date:\_

## 10. "USER" PLEASE READ AND INITIAL ALL RULES:

Use of City buildings and facilities shall be rest	tricted as follows:
I, (User of Facility) agree to adhere to all Cit Community Building.	ty rules, posted rules & signage rules within the
I, (User of Facility) is responsible for the ret	urn of the Community Building Entry Key.
Return key to the lower level drop	box promptly after your event!!
Drop box is located next to entr	ry door-lower parking lot area.
In case of an Emergency, the City of Warsav	w reserves the right to cancel the reservation(s).
NO ALCOHOLIC BEVERAGES or CONS	UMPTION OF ALCOHOL IS ALLOWED ON ANY
CITY PROPERTY unless approved by the C	City Council Board. City Code Ordinance Chapter 6700.070
drinking in public places is prohibited. City Cou-	ncil Board Meetings are held twice a month.
Public Wi-Fi is <i>not</i> available.	
Set up, Clean up & Decorations:	
User shall NOT drive or permit nails, hooks,	, tacks, screws, poles, stakes or other fasteners into
any part of the facility and shall NOT make	or allow any alterations of any of the facility rooms,
facility grounds, and surrounding property.	
User may only use "Painter's Tape" on Floo	ors, Basketball Court, and Walls, etc. Other Tape types
must be approved!!	
*User shall be responsible for all cleanup of	the facility, including adjacent grounds at the end of
rental by picking up generated trash, bagging trash, a	and disposing of all trash/ bags to the outside dumpster.
*User shall set up and return all tables & cha	airs to their storage location and any other equipment.
	cility and or to its contents during use. In the event ssary, user shall be charged for any and all janitorial fees
<u>Liability:</u>	
accidents sustained at the Community Building and User a	the City of Warsaw is not responsible for any injuries or assumes the risk of any accident or injury sustained at the ible for any lost or stolen items which are reportedly lost or
	zation on whose behalf the Facility Use is being made ce with this agreement. The User representative is required to
11. I, "User" HAVE READ ALL OF THE ABOVE AND O	CONSENT TO ALL THE RULES & LIABILITY ITEMS
Date: Print Name:	Signature:
ADDRESS:	-
CONTACT PHONE: ( )	ALTERNATE PHONE: ( )
E-MAIL ADDRESS:	