

EATONVILLE COMMUNITY CENTER - FACILITY USE AGREEMENT

305 Center Street W
PO Box 309
Eatonville, WA 98328
360-832-3361

- 1) NAME OF ORGANIZATION/PARTY: _____ 2) DATE OF EVENT: _____
- 3) DURATION OF EVENT (*including Set-Up & Clean-Up*): FROM _____ TO _____ TOTAL HOURS: _____
- 4) ROOM(S) BEING USED (if known): _____
- 5) NATURE OF EVENT: _____
- 6) ESTIMATED ATTENDANCE: Adults _____ Youth _____ 7) EVENT SUPERVISOR: _____
- 8) WILL LIQUOR BE SERVED? Yes _____ No _____ 9) IS THERE AN ADMISSION CHARGE? Yes _____ No _____
(If yes, you will need to obtain a Banquet Permit from a WA State Liquor Store)
- 10) KITCHEN USE? Yes _____ No _____ 11) IS THIS A 501(c)(3) NONPROFIT ORGANIZATION? Yes _____ No _____

I certify that I am the authorized representative of the above organization/group, have read and agree to be bound by the regulations, policies and fee schedules as described in the rules and procedures governing the use of the Eatonville Community Center, and that the information above is true. On behalf of the group I represent, I agree to supervise all activity on the premises and to comply with and enforce the attached rules and regulations during the time allocated for our group. I agree to and understand the fee schedule, charges and policies governing use of the Center by groups.

TABLES AND CHAIRS: I understand that tables, chairs, and any other Town property may not be removed from the premises.

HOLD HARMLESS AGREEMENT: On behalf of the group I represent, I agree to hold the Eatonville Community Center, the Town of Eatonville, its agents, employees and officials, while acting within the scope of their duties, harmless from all causes of actions, demands, and claims, including the cost of their defense, arising in favor of the activity participant or third parties on account of personal injuries, death or damage to property arising out of activities at the premises and in any way connected with the activities of the activity participant in the above event except for those acts or commissions which are the sole negligence of Eatonville Community Center, the Town of Eatonville, its agents, employees and officials.

Name & Title (if any) – Please Print _____

Signature _____

Date _____

Mailing Address _____

Phone _____

Town/City _____ State _____ Zip _____

E-mail Address _____

Deposit due at time of booking reservation. Balance and proof of insurance (if applicable) due two weeks prior to event. Make checks payable to "Town of Eatonville."

*****FOR TOWN USE ONLY*****

<u>AMOUNT</u>	<u>DATE PAID</u>	<u>RECEIPT #</u>	<u>STAFF INITIALS</u>	<u>PACKET GIVEN</u>
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Deposit \$ _____ Yes _____

Rental Fee \$ _____ Yes _____

Insurance Required: Yes _____ No _____ **Liquor Liability Insurance Required:** Yes _____ No _____

Insurance Provided: Yes _____ No _____ **Liquor Liability Insurance Provided:** Yes _____ No _____

CATEGORY (Class 2, 3 or 4): _____ **Date Applicant Was Called:** _____

APPROVED BY MAYOR: _____ **DATE:** _____