



VILLAGE OF PERRYSVILLE

APPLICANT INFORMATION

NAME OF APPLICANT / ORGANIZATION:		PHONE NUMBER:	CELL NUMBER:
ADDRESS:		CITY:	STATE: ZIP CODE:
PRIMARY CONTACT PERSON (IF DIFFERENT FROM ABOVE)		PHONE NUMBER:	CELL NUMBER:

PAVILION RESERVATION INFORMATION

EVENT DESCRIPTION:		# of Tables requested (12 available)	
DATE(S) REQUESTED:	TIME: AM <input type="checkbox"/> TO AM <input type="checkbox"/> PM <input type="checkbox"/> TO PM <input type="checkbox"/>	IS THERE IS A CHARGE TO ATTENDEES? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES YOUR ORGANIZATION CARRY LIABILITY INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

COST: RENTAL FEE: \$30 DEPOSIT: \$50 Make Check Payable to: Village of Perrysville

TWO CHECKS ARE REQUIRED IF PAYING THE RENTAL FEE & DEPOSIT

RENTAL AGREEMENT

1. Alcoholic beverages and gambling are prohibited on the premises
2. Smoking is not permitted inside the facility
3. Hours of availability are from Dawn until Dusk

APPLICANT MUST AGREE TO OBSERVE THE FOLLOWING REQUIREMENTS

- To pick up / discard all trash in available receptacles (Including restrooms)
- To take any refuse with you if Village receptacles are full
- To reimburse the Village for any damage to the building, premises, or equipment
- To accept the premises in its present condition and return it to it's like condition
- To indemnify the Village of Perrysville and its member or agents against all liability to person or property
- To vacate the premises on the scheduled time

FAILURE TO COMPLY

Failure to comply with these guidelines will result in a forfeiture of your deposit and may result in further action.

APPLICANT SIGNATURE

By my signature affixed below, I agree to comply with the guidelines and conditions of use, and certify that the information submitted is true and accurate to the best of my knowledge. I understand that my request for use of the Community Center may be denied, and understand further that failure to abide by the rules and regulations may result in revocation of permission to use the facility. I also agree to indemnify, defend and hold harmless the Village of Perrysville, their officers, and employees from any and all claims, liabilities, damages, attorney fees and or costs directly related to use of the Community Center and grounds. I understand that failure to return the facilities to their original condition may result in additional charges.

Applicant Signature

Date

OFFICE USE ONLY

DATE RECEIVED:	PAID: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____	DATE DEPOSIT RETURNED:
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COMMENTS:
