

DARRINGTON COMMUNITY CENTER

Date submitted _____

RESERVATION / RENTAL FORM

Added to Calendar Y / N

The Darrington Community Center wishes to encourage use of the Community Center facilities by the community as long as the use is a lawful purpose.

Note: all events subject to board of directors' approval. No person shall be denied the full enjoyment of the facilities because of race, creed, color, sex, religion or national origin.

RENTER HIRES FROM THE DARRINGTON COMMUNITY CLUB, INC. THE FOLLOWING:

please mark (x)	DINING ROOM & KITCHEN		(24 rectangular tables and 250 chairs provided)
	GYM & SHOWER ROOMS		
	ENTIRE BUILDING		

Renter / Contact Person: _____

Address: _____

City / State: _____

Phone Home: _____ Cell: _____

Email: _____

Event Date(s): _____

Day(s) of Week: Sun Mon Tues Wed Thurs Fri Sat

Event Times: _____

Setup: _____ Event Start: _____ Event End: _____ Lock Up: _____

Event Description: _____

Recurring Rental Y / N Start Date: _____ End Date: _____

We suggest the renter contact their homeowners insurance company for event insurance.

Initial

After the completion of the Event, the Renter shall leave the Space in the same condition as received from the Owner	
Renter shall be Responsible for any and all damage caused by Renter's use of the Space	
Renter shall be Responsible for Clean-Up of all Trash generated at the Event and depositing it in the proper waste receptacles provided on site	
If Serving Alcohol:	
(A) For Private parties in the dining room, and attendance is by invitation only- no permit is required.	
(B) For Dances in the gym or whole building, Renter shall: Provide event security to prevent access by uninvited and /or underage persons and Obtain a Banquet Permit from the Liquor and Cannabis Board - available online or contact 360-664-1600	

Rental Fees:

\$ _____ Rental Rate - (see list) Due within 30 days of your event

\$ _____ Deposit - dates are held by your deposit
(deposit refunded approx. 15 days after event when there is no damage or no additional cleaning required)

_____ Additional - equipment, tables etc. (see list)

\$ _____ Total Received Cash / Check

internal use only

clean ok to return
deposit y / n
initial _____
deposit returned
date: _____

Renter Signature: _____ **Date:** _____