

**DARRINGTON COMMUNITY
CENTER RESERVATION FORM**
1005 Cascade St. PO Box 397
Darrington, WA 98241
P. 360-436-1131 F. 360-436-0221

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

- | | | |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DINING ROOM | GYM & SHOWERS | ENTIRE BUILDING |
| 24 rectangular tables
and 250 chairs provided | | (DINING ROOM & GYM) |

APPLICANT(S): _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

EVENT DESCRIPTION: _____

DATE OF EVENT(S): _____ TO: _____ TIME(S): _____ TO: _____

\$ _____	RENTAL RATE- DUE WITHIN 30 DAYS OF YOUR EVENT	DATE PAID: _____
\$ _____	DEPOSIT- DATES ARE HELD BY YOUR DEPOSIT	DATE PAID: _____
\$ _____	ADDITIONAL- EQUIPMENT, TABLES, AUDIO/VIDEO, TARPS FOR GYM	DATE PAID: _____
\$ _____	TOTAL RECEIVED	

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.

ALL EVENTS ARE 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 NATURAL ORIGIN.

APPLICANT MUST ABIDE BY THE DARRINGTON COMMUNITY CENTER POLICY THAT IS PROVIDED WITH THIS FORM.
WE SUGGEST THE APPLICANT CONTACT THEIR HOMEOWNERS INSURANCE COMPANY FOR EVENT INSURANCE.

APPLICANTS SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Form of Payment: CASH CHECK

CLERK SIGNATURE: _____ DATE _____

CLEAN AND OK TO RETURN DEPOSIT: Y / N DATE RETURNED: _____