

**WARRENTON COMMUNITY CENTER**  
**170 SW THIRD STREET**  
**WARRENTON, OR 97146**  
**(503) 861-2233 FAX (503) 861-2351**

**RENTAL APPLICATION**

DATE(S) RESERVED: \_\_\_\_\_ TIME(S) RESERVED: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

ESTIMATED ATTENDANCE: \_\_\_\_\_ (MAXIMUM CAPACITY = 135)

NAME OF ORGANIZATION, GROUP, OR INDIVIDUAL: \_\_\_\_\_

**CONTACT PERSON:**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
 (The Cleaning Deposit Refund will be mailed to the Contact Person)

**ALTERNATE CONTACT PERSON:**

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

**PERSON RESPONSIBLE FOR CLEANING:**

(SEE CLEANING INSTRUCTIONS ATTACHED) \_\_\_\_\_ PHONE: \_\_\_\_\_

Check here if you would like us to clean and deduct the fee from your deposit

SEE ATTACHED RATE STRUCTURE		
CLEANING AND KEY DEPOSIT FEE:		
	FEE	TOTAL

KEYS: \_\_\_\_\_ X \_\_\_\_\_ \$10.00  
 (quantity)  
 CLEANING: \_\_\_\_\_ or \_\_\_\_\_  
 (regular) \$75.00 (alcohol) \$200.00

TOTAL DEPOSIT: \_\_\_\_\_

RENTAL FEES:					
DATE	MEETING ROOM WITH KITCHEN MEETING ROOM ONLY	HOURS RENTED	X	HOURLY RATE	RENTAL FEE
circle one					

LIST SUPPLIES WANTED TO RENT \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I/we hereby apply for the use of the above facility and agree to assume full responsibility for the conduct of guests and any damage done to the premises during the period of use. I understand the deposit will be refunded only if the building is clean and in the same condition as I/we found it. Upon notification, refunds of the deposit, for cancellation, will be due as per the schedule in the Community Center Rate Schedule.

TOTAL RENT: \_\_\_\_\_  
 GRAND TOTAL FEES: \_\_\_\_\_

Rental Fees are due 5 days prior to rental date.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MAKE CHECKS PAYABLE TO: **CITY OF WARRENTON**  
**225 S. MAIN**  
**P. O. BOX 250**  
**WARRENTON, OR 97146**

Please return all completed applications to City Hall at the above address.

Internal use only			
	Amount	Receipt #	Date
Deposit fee paid:	_____	_____	_____
Rental fee paid:	_____	_____	_____
fee paid:	_____	_____	_____
fee paid:	_____	_____	_____
Staff:	_____	_____	_____
Calendar:	_____	_____	_____