



NAME

PHONE NUMBER

ADDRESS

CITY, STATE & ZIP

TYPE OF EVENT

DATE OF EVENT

START & END TIME

WILL ALCOHOL BE SERVED? _____

WILL KITCHEN BE NECESSARY? _____

I, the undersigned, have read the policies and guidelines and agree to comply with those policies.

I, the undersigned, understand that my event will be recorded by the video surveillance system.

SIGNATURE

DATE

SIGNATURE OF CITY

FOR OFFICE USE ONLY

AMOUNT OF DEPOSIT _____

DATE OF DEPOSIT _____

BALANCE PAID _____

DATE PAID _____

PLEASE PICK UP THE KEY THE DAY BEFORE YOUR EVENT BY 4:00 P.M. PLEASE WRITE 2 SEPARATE CHECKS PAYABLE TO: CITY OF CAMANCHE. DEPOSIT CHECK WILL BE SHREDDED UPON INSPECTION OF COMMUNITY CENTER