

FARR WEST CITY

1896 N. 1800 W.
Farr West, UT 84404
Phone: 801-731-4187
Fax: 801-731-3048

COMMUNITY CENTER RESERVATION FORM

Name of Applicant/Organization: _____

Contact Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Proposed Use of Facility: _____

Dates and Times of Use: _____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

Facilities Needed: Whole Auditorium _____ Half Auditorium - *North* _____ *South* _____ ; Kitchen _____

****The use of the kitchen is for warming and serving purposes ONLY! It is not for food preparation.**

Number of People Expected to Attend: Under 50 _____ 50-100 _____ Over 100 _____

Will the Sound System be Used: YES _____ NO _____ Television/Video Needed: YES _____ NO _____

.....
Date Keys to the Facility MUST BE: Picked-Up _____ Returned _____

****A copy of a driver's license will be required when picking up keys. Key MUST BE returned the next business day following reservation to ensure a full refund of Security Deposit.**

FEE SCHEDULE:

These fees are based on eight (8) hours of use. More than eight (8) hours use will result in additional charges as stated below:

<u>Facility</u>	<u>Rate</u>	<u># of Days/Hours in Use</u>	<u>Amount Charged</u>
Whole Auditorium	\$100.00	_____	\$ _____
½ Auditorium	\$75.00	_____	\$ _____
Kitchen	\$30.00	_____	\$ _____
Additional Hourly Rate	\$20.00	_____	\$ _____
TOTAL CHARGED			\$ _____

*Cleaning and Security Deposit of \$100.00 will be required to be paid when keys to the Facilities are picked-up and may be refunded when keys are returned.

In consideration for the use of the Farr West City Community Center, I _____
Agree to accept any and all liability for and pay for all damages caused to the facilities, grounds, equipment, furnishings or other items of personal property belonging to Farr West City, resulting in any way from my use or reservation of the facilities. I agree to hold Farr West City harmless for any personal injury or property damage to myself or any other party who may be on the premises as a result of my use or reservation of the facilities. I also agree that I have read and understand, as well as comply with the Policies and Rules for the use of the facilities and agree to pay all the fees and deposits required. I acknowledge and agree that Farr West City shall not be liable for the theft, loss or damage of my personal property or the property of any others used in the facility or the surrounding area.

Printed Name of Applicant: _____

Signature of Applicant: _____ Dated: _____

CHECK OFF LIST FOR REFUND OF CLEANING AND SECURITY DEPOSIT

Cleaning:

Floors swept _____
Floors mopped _____
Floors vacuumed _____
Glass cleaned _____
Equipment put away _____
Tables _____
Chairs _____
Stove _____
Microwave _____
Fridge/Freezer _____
Kitchen _____
Garbage cans _____
Exterior _____
Restrooms _____

Damages:

Flooring _____
Walls _____
Doors _____
Windows _____
Sound System _____
Tables _____
Chairs _____
Stove _____
Microwave _____
Fridge/Freezer _____
Cabinets _____
Lights _____
Exterior _____
Restrooms _____

Were items removed from the facilities? (i.e. garbage cans, tables, chairs furnishings, décor, etc.)

If any of the above listed items were not in satisfactory condition, please explain: _____

If damages occurred to furnishings or facilities, please explain: _____

Were ALL keys returned in a timely manner? Yes _____ No _____; Dated Received: _____

Amount of Deposit to be Refunded: \$ _____ By: _____

Refund Received By: _____ Date Received: _____