

COVENTRY COMMUNITY CENTER RENTAL AGREEMENT

Contact Person: _____ Group Name: _____

E-mail: _____ Home Address: _____

Phone (home): _____ (work): _____ (cell): _____

Date/s facility needed: _____ Time: _____

Purpose: _____

Will alcohol be consumed? _____

Alcohol – If alcohol is to be consumed, the lessee will be required to hire a Security Officer or a certified Police Officer to be present for the duration of the event. Proof of the hire in the form of an original, dated, and signed contract must be provided when payment is made in order to complete this contract.

Expected number of people: _____ (not to exceed maximum building capacity of 100 people)

By signing you are agreeing to the following:

- ***Adherence to all of the rules and regulations of the Town of Coventry Building Use Policy as well as all State and Federal regulations.***
- ***Payment will be made prior to event date; deposit fee will be made when keys are presented.***
- ***You will ensure there is a legal adult on the premises at all times.***
- ***By signing you are taking responsibility for the facility use during the times indicated including all associated damages.***

Signed _____ Date _____

_____ Initial here to acknowledge that you have received, read and understood all of the rules and regulations outlined in the *Community Center Building Use Policy* from the Town of Coventry.

Fees for Town of Coventry Residents and Businesses

For single use: \$15.00 per hour with a maximum cost of \$60.00

For weekly use: \$20.00 per use for up to 3 hours and \$15.00 per hour thereafter.

Non-Resident Fees

For single day use: \$250.00

Kitchen Use: \$15.00

Security Deposit: \$100.00 deposit is required for both residents and non-residents. *Deposit will only be refunded if facility is left in the condition it was presented as outlined in the **Building Use Policy**.*

Please contact the Town Administrator to submit application for approval.

For office use only:

Approved by: _____ *Date* _____

Deposit received: Ck# _____ *Deposit Returned:* _____ *Date returned:* _____

Rental Fee Received in the amount of: \$ _____ *CK#:* _____ *Cash:* _____

Key# _____ *Key Given to:* _____ *Date:* _____

For questions please contact

Ned Connell

(802) 754 2266

townadministrator@coventryvt.org