Clearwater Community Center
Clearwater, KS

Acknowledgement of Agreement

I, _____, the Facility User, have received, read, reviewed and agree to abide by the Senior & Community Center Policy and Rules. I further agree to be present at the Community Center during its use and agree to use due care to ensure that the provisions of this Agreement are enforced while the Community Center is in use. I further realize the ramifications of failure to abide by the provisions of the policy and rules.

_____ _____
Facility User Signature Date

Date of Event: _____ Time: _____ to _____

Contact Name: _____ Phone: _____

Address: _____

Type of Activity: _____ Number of Attendees: _____

List Equipment that will be brought to Center: _____

_____

_____

Return Acknowledgment to the Director:

Clearwater Senior & Community Center
921 E Janet
Clearwater, KS 67026

Make checks payable to:
City of Clearwater

OFFICE USE ONLY

Hours Rented: _____	Deposit Fee: _____	Deposit Mailed Back Y/N: ____
Rental Fee: _____	Deposit Paid Y/N: _____	Date Mailed Back: _____
Rental Paid Y/N: _____		Initials: _____

Cancellation:

Date of Cancellation: _____ Cancelled by: _____

12/5/2018