**BURRITT’S RAPIDS COMMUNITY HALL RENTAL CONTRACT**

**LESSEE**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Mailing Address |  | | |
| Phone |  | Email |  |

**ACTIVITY DESCRIPTION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Purpose |  | | | | | | |
| Date |  | | | Start Time: |  | End Time: |  |
| We strongly recommend that renters acquire Commercial General Liability Insurance, regardless of the nature of their event. See Section 5 of the Terms and Conditions. | | | | | | | |
| Name of Insurance Company | | |  | | | | |
| Policy Number | | |  | | | | |
| Smart Serve confirmation (if no alcohol will be served, leave blank) | | | | | | | |
| Server Name | |  | | | | | |
| Smart Serve ID | |  | | | | | |

**RENTAL FEES (please highlight/circle amount)**

|  |  |  |
| --- | --- | --- |
| **Usage** | **FEE** | **TOTAL** |
| Hourly (minimum 4 hours) | $25/hr X # hours | $ |
| Full Day (8:00am – 11:59pm) | Flat fee | $500 |
| Weekend (Friday 4:00pm to Sunday 11:00am) | Flat fee | $750 |
| **TOTAL** |  | **$** |

By signing below, I acknowledge that all visitors to the Hall do so entirely at their own risk. I have read, understand, and agree to the Terms and Conditions, cleaning requirements, and fees laid out by the Burritts Rapids Community Association.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
LESSEE Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
LESSEE Signature BRCA Delegate