

FORM F  
RENTAL/ RESERVATION FORM - BURESH COMMUNITY ROOM

Rental/Reservation Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ am/pm until \_\_\_\_\_ am/pm  
\_\_\_\_\_ Time: \_\_\_\_\_ am/pm until \_\_\_\_\_ am/pm  
\_\_\_\_\_ Time: \_\_\_\_\_ am/pm until \_\_\_\_\_ am/pm

(Please include time(s) needed for set-up/decorating/take-down as well as actual event;  
rental/reservation hours available are between 6am and 10pm, Sunday- Saturday)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Preferred Contact Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Activity to be held: \_\_\_\_\_

Name of Group or Person using facility: \_\_\_\_\_

Non-Profit Status: (Please circle one) YES NO

Check: \_\_\_\_\_ I need the Buresh Room opened for me at \_\_\_\_\_ am/pm  
\_\_\_\_\_ I need the Buresh Room locked for me at \_\_\_\_\_ am/pm

Rental Fee(s) Required:	Rental Fee
• Free to Boards, Commissions, Committees established by the Springville City Council	\$ <u>0.00</u>
• \$15.00 per day for Local Non-Profit groups	\$ _____
• \$40.00 for the first four (4) hours and \$20.00 for each additional two (2) hours of use by all other persons or group	\$ _____

**Total Due \$** \_\_\_\_\_

**I hereby certify that I have reviewed the Buresh Community Room Use Policy Mng-9b and agree to all conditions.**

**Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

- **Make check payable to Springville Memorial Library (check must accompany reservation form)**
- **Attach check to Rental/Reservation Form**
- **Turn in check and form to the Springville Memorial Library**

**Reservation APPROVED** \_\_\_\_\_ **DENIED** \_\_\_\_\_ **DATE PAID:** \_\_\_\_\_

**BY:** \_\_\_\_\_

**\*\* Contact Person: Deb Vaughn at 981-5745 if there are questions or special circumstances about getting facility opened for event and closed following it. \*\***