## 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 $\_\_\_0.00\_\_\_

* $15.00 per day for Local Non-Profit groups $ \_\_\_\_\_\_\_\_
* $35.00 for the first four (4) hours and $15.00 for each

additional two (2) hours of use by all other persons or group $\_\_\_\_\_\_\_\_\_\_\_

* Refundable Key Card Deposit Check $ 15.00\_\_\_\_\_\_\_

**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. \*\***