

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 | \$ _____ |
| • \$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 | \$ <u>15.00</u> |

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. **