

# EATONVILLE COMMUNITY CENTER - FACILITY USE AGREEMENT

305 Center Street W  
PO Box 309  
Eatonville, WA 98328  
360-832-3361 ext. 102

- American Cancer Society  
Relay for Life
- 1) NAME OF ORGANIZATION/PARTY: Relay for Life      2) DATE OF EVENT: 6-1-13
- 3) DURATION OF EVENT (including Set-Up & Clean-Up): FROM 9 AM/PM TO 3 AM/PM      TOTAL HOURS 6
- 4) ROOM(S) BEING USED (if known): Large room + Kitchen
- 5) NATURE OF EVENT: Cancer Survivor BBQ
- 6) ESTIMATED ATTENDANCE: Adults 25      Youth 5
- 7) WILL LIQUOR BE SERVED? Yes / No (No)      8) NAME OF EVENT SUPERVISOR Kathy Linnemeyer  
(If yes, you will need to obtain a Banquet Permit from a WA State Liquor Store.)
- 9) IS THERE AN ADMISSION CHARGE? Yes (No)      10) IS THIS A 501(c)(3) NONPROFIT ORGANIZATION? (Yes) / No

I certify that I am the authorized representative of the above organization/group, have read and agree to be bound by the regulations, policies and fee schedules as described in the rules and procedures governing the use of the Eatonville Community Center, and that the information above is true. On behalf of the group I represent, I agree to supervise all activity on the premises and to comply with and enforce the attached rules and regulations during the time allocated for our group. I agree to and understand the fee schedule, charges and policies governing use of the Center by groups. **HOLD HARMLESS AGREEMENT:** On behalf of the group I represent, I agree to hold the Eatonville Community Center, the Town of Eatonville, its agents, employees and officials, while acting within the scope of their duties, harmless from all causes of actions, demands, and claims, including the cost of their defense, arising in favor of the activity participant or third parties on account of personal injuries, death or damage to property arising out of activities at the premises and in any way connected with the activities of the activity participant in the above event except for those acts or commissions which are the sole negligence of Eatonville Community Center, the Town of Eatonville, its agents, employees and officials.

Kathy Linnemeyer -      Kathy Linnemeyer  
Name & Title (if any) - Please Print      (Signature)      (Date)

\_\_\_\_\_  
Street Address      360-832-6434      \_\_\_\_\_  
Phone: (Home)      (Work)

\_\_\_\_\_  
Town      Zip      \_\_\_\_\_  
E-mail address

Deposit due at time of booking reservation. Balance and proof of insurance (if applicable) due two weeks prior to event. Make checks payable to "Town of Eatonville."

<FOR CENTER USE ONLY>

	<u>AMOUNT</u>	<u>DATE PAID</u>	<u>RECEIPT #</u>	<u>STAFF INITIALS</u>	<u>PACKET GIVEN</u>
Deposit	\$ _____	_____	_____	_____	Yes
Rental Fee	\$ _____	_____	_____	_____	No

Insurance Required: Yes / No      Received by: \_\_\_\_\_  
Liquor Liability Insurance Required: Yes / No      Received by: \_\_\_\_\_

CATEGORY (Class 1, 2, 3 or 4) \_\_\_\_\_

Pa 2/60 -  
 Joke 5341

**EATONVILLE COMMUNITY CENTER - FACILITY USE AGREEMENT**

305 Center Street W  
 PO Box 309  
 Eatonville, WA 98328  
 360-832-3361 ext. 102

- 1) NAME OF ORGANIZATION/PARTY: Darlene Klaasen & Doreen Wymore 2) DATE OF EVENT: May 11, 2013  
 3) DURATION OF EVENT (including Set-Up & Clean-Up): FROM 12pm AM/PM TO 8pm AM/PM TOTAL HOURS 6  
 4) ROOM(S) BEING USED (if known): kitchen and dining  
 5) NATURE OF EVENT: Donna Bowers 75th Birthday Celebration  
 6) ESTIMATED ATTENDANCE: Adults 50 Youth 25  
 7) WILL LIQUOR BE SERVED? Yes  No  8) NAME OF EVENT SUPERVISOR Darlene Klaasen & Doreen Wymore  
 (If yes, you will need to obtain a Banquet Permit from a WA State Liquor Store.)  
 9) IS THERE AN ADMISSION FEE? Yes  No  10) IS THIS A 501(c)(3) NONPROFIT ORGANIZATION? Yes  No

I certify that I am the authorized representative of the above organization/group, have read and agree to be bound by the regulations, policies and fee schedules as described in the rules and procedures governing the use of the Eatonville Community Center, and that the information above is true. On behalf of the group I represent, I agree to supervise all activity on the premises and to comply with and enforce the attached rules and regulations during the time allocated for our group. I agree to and understand the fee schedule, charges and policies governing use of the Center by groups. **HOLD HARMLESS AGREEMENT:** On behalf of the group I represent, I agree to hold the Eatonville Community Center, the Town of Eatonville, its agents, employees and officials, while acting within the scope of their duties, harmless from all causes of actions, demands, and claims, including the cost of their defense, arising in favor of the activity participant or third parties on account of personal injuries, death or damage to property arising out of activities at the premises and in any way connected with the activities of the activity participant in the above event except for those acts or commissions which are the sole negligence of Eatonville Community Center, the Town of Eatonville, its agents, employees and officials.

Darlene Klaasen  
 Name & Title (if any) – Please Print  
5941 299th Ave SE POB 882  
 Street Address  
Preston 98050  
 Town Zip

Darlene Klaasen 3/2/13  
 (Signature) (Date)  
425.222.4511 425.829.5737  
 Phone: (Home) (Work)  
djklaasen@centurytel.net  
 E-mail address

**Deposit due at time of booking reservation. Balance and proof of insurance (if applicable) due two weeks prior to event. Make checks payable to "Town of Eatonville."**

**<FOR CENTER USE ONLY>**

	<u>AMOUNT</u>	<u>DATE PAID</u>	<u>RECEIPT #</u>	<u>STAFF INITIALS</u>	<u>PACKET GIVEN</u>
Deposit	\$ <u>150.00</u>	<u>4/11/13</u>	_____	_____	Yes
Rental Fee	\$ <u>310.00</u>	<u>4/11/13</u>	_____	_____	No

Insurance Required: Yes / No  
 Liquor Liability Insurance Required: Yes / No  
 Received by: \_\_\_\_\_  
 Received by: \_\_\_\_\_

CATEGORY (Class 1, 2, 3 or 4) \_\_\_\_\_

# EATONVILLE COMMUNITY CENTER - FACILITY USE AGREEMENT

305 Center Street W  
PO Box 309  
Eatonville, WA 98328  
360-832-3361 ext. 102

- 1) NAME OF ORGANIZATION/PARTY: LORI LAMOTHE 2) DATE OF EVENT: JUNE 14, 2013
- 3) DURATION OF EVENT (including Set-Up & Clean-Up): FROM 3 AM  TO 10 AM  TOTAL HOURS \_\_\_\_\_
- 4) ROOM(S) BEING USED (if known): MULTI-PURPOSE ROOM AND KITCHEN
- 5) NATURE OF EVENT: JOSIE'S 16TH BIRTHDAY PARTY
- 6) ESTIMATED ATTENDANCE: Adults 5+ Youth 35
- 7) WILL LIQUOR BE SERVED? Yes  / No  8) NAME OF EVENT SUPERVISOR \_\_\_\_\_  
(If yes, you will need to obtain a Banquet Permit from a WA State Liquor Store.)
- 9) IS THERE AN ADMISSION CHARGE? Yes  / No  10) IS THIS A 501(c)(3) NONPROFIT ORGANIZATION? Yes  / No

I certify that I am the authorized representative of the above organization/group, have read and agree to be bound by the regulations, policies and fee schedules as described in the rules and procedures governing the use of the Eatonville Community Center, and that the information above is true. On behalf of the group I represent, I agree to supervise all activity on the premises and to comply with and enforce the attached rules and regulations during the time allocated for our group. I agree to and understand the fee schedule, charges and policies governing use of the Center by groups. **HOLD HARMLESS AGREEMENT:** On behalf of the group I represent, I agree to hold the Eatonville Community Center, the Town of Eatonville, its agents, employees and officials, while acting within the scope of their duties, harmless from all causes of actions, demands, and claims, including the cost of their defense, arising in favor of the activity participant or third parties on account of personal injuries, death or damage to property arising out of activities at the premises and in any way connected with the activities of the activity participant in the above event except for those acts or commissions which are the sole negligence of Eatonville Community Center, the Town of Eatonville, its agents, employees and officials.

LORI LAMOTHE  
Name & Title (if any) - Please Print

Lori Lamothe 2/07/13  
(Signature) (Date)

753 KELSEY LANE E.  
Street Address

360 832-8533, 360 832-8588  
Phone: (Home) (Work)

EATONVILLE, WA 98328  
Town Zip

lamothe@mashell.com  
E-mail address

Deposit due at time of booking reservation. Balance and proof of insurance (if applicable) due two weeks prior to event. Make checks payable to "Town of Eatonville."

<FOR CENTER USE ONLY>

	<u>AMOUNT</u>	<u>DATE PAID</u>	<u>RECEIPT #</u>	<u>STAFF INITIALS</u>	<u>PACKET GIVEN</u>
Deposit	\$ <u>150.00</u>	<u>2/7/13</u>	_____	_____	Yes
<u>Rental Fee</u>	\$ _____	_____	_____	_____	No

Insurance Required: Yes / No  
Liquor Liability Insurance Required: Yes / No

Received by: \_\_\_\_\_  
Received by: \_\_\_\_\_

CATEGORY (Class 1, 2, 3 or 4) \_\_\_\_\_

\$310 for whole day

# EATONVILLE COMMUNITY CENTER - FACILITY USE AGREEMENT

305 Center Street W  
PO Box 309  
Eatonville, WA 98328  
360-832-3361 ext. 102

- 1) NAME OF ORGANIZATION/PARTY: Old Top Lake Improvement Club 2) DATE OF EVENT: Sat. June 22, 2013  
 3) DURATION OF EVENT (including Set-Up & Clean-Up): FROM 10 AM/PM TO 12 AM/PM TOTAL HOURS 2 Hrs.  
 4) ROOM(S) BEING USED (if known): Main Rm.  
 5) NATURE OF EVENT: Old Top Lake Improvement Club - Annual Meeting  
 6) ESTIMATED ATTENDANCE: Adults 50 Youth 0  
 7) WILL LIQUOR BE SERVED? Yes  No 8) NAME OF EVENT SUPERVISOR Robert Kimball, Pres.  
 (If yes, you will need to obtain a Banquet Permit from a WA State Liquor Store.)  
 9) IS THERE AN ADMISSION FEE? Yes  No 10) IS THIS A 501(c)(3) NONPROFIT ORGANIZATION?  Yes  No

I certify that I am the authorized representative of the above organization/group, have read and agree to be bound by the regulations, policies and fee schedules as described in the rules and procedures governing the use of the Eatonville Community Center, and that the information above is true. On behalf of the group I represent, I agree to supervise all activity on the premises and to comply with and enforce the attached rules and regulations during the time allocated for our group. I agree to and understand the fee schedule, charges and policies governing use of the Center by groups. **HOLD HARMLESS AGREEMENT:** On behalf of the group I represent, I agree to hold the Eatonville Community Center, the Town of Eatonville, its agents, employees and officials, while acting within the scope of their duties, harmless from all causes of actions, demands, and claims, including the cost of their defense, arising in favor of the activity participant or third parties on account of personal injuries, death or damage to property arising out of activities at the premises and in any way connected with the activities of the activity participant in the above event except for those acts or commissions which are the sole negligence of Eatonville Community Center, the Town of Eatonville, its agents, employees and officials.

Noelle Kimball, OLIC Secretary  
 Name & Title (if any) - Please Print  
P.O. Box 9, Sumner, Wa  
 Street Address  
98390  
 Town Zip

Quinn Kimball 2/27/2012  
 (Signature) (Date)  
253-677-4398 253-863-2980  
 Phone: (~~Home~~) (Home)  
nikkok@mindspring.com  
 E-mail address

**Deposit due at time of booking reservation. Balance and proof of insurance (if applicable) due two weeks prior to event. Make checks payable to "Town of Eatonville."**

**<FOR CENTER USE ONLY>**

	<u>AMOUNT</u>	<u>DATE PAID</u>	<u>RECEIPT #</u>	<u>STAFF INITIALS</u>	<u>PACKET GIVEN</u>
Deposit	\$ <u>150</u>	<u>3/4</u>	_____	<u>CKD</u>	Yes
<u>Rental Fee</u>	\$ _____	_____	_____	_____	No

Insurance Required: Yes / No

Liquor Liability Insurance Required: Yes / No

Received by: \_\_\_\_\_

Received by: \_\_\_\_\_

CATEGORY (Class 1, 2, 3 or 4) \_\_\_\_\_

*Sent \$150.00 Deposit OL # 26178*

# EATONVILLE COMMUNITY CENTER - FACILITY USE AGREEMENT

305 Center Street W  
PO Box 309  
Eatonville, WA 98328  
360-832-3361 ext. 102

- 1) NAME OF ORGANIZATION/PARTY: Tweet/Campbell Wedding 2) DATE OF EVENT: July 20, 2013  
 3) DURATION OF EVENT (including Set-Up & Clean-Up): FROM 0830 AM/PM TO 430 AM/PM TOTAL HOURS 8  
 4) ROOM(S) BEING USED (if known): kitchen  
 5) NATURE OF EVENT: wedding/reception and food preparation  
 6) ESTIMATED ATTENDANCE: Adults 10 Youth \_\_\_\_\_  
 7) WILL LIQUOR BE SERVED? \_\_\_ Yes  No  8) NAME OF EVENT SUPERVISOR Lesla Tweet  
 (If yes, you will need to obtain a Banquet Permit from a WA State Liquor Store.)  
 9) IS THERE AN ADMISSION FEE? \_\_\_ Yes  No  10) IS THIS A 501(c)(3) NONPROFIT ORGANIZATION? \_\_\_ Yes  No

I certify that I am the authorized representative of the above organization/group, have read and agree to be bound by the regulations, policies and fee schedules as described in the rules and procedures governing the use of the Eatonville Community Center, and that the information above is true. On behalf of the group I represent, I agree to supervise all activity on the premises and to comply with and enforce the attached rules and regulations during the time allocated for our group. I agree to and understand the fee schedule, charges and policies governing use of the Center by groups. **HOLD HARMLESS AGREEMENT:** On behalf of the group I represent, I agree to hold the Eatonville Community Center, the Town of Eatonville, its agents, employees and officials, while acting within the scope of their duties, harmless from all causes of actions, demands, and claims, including the cost of their defense, arising in favor of the activity participant or third parties on account of personal injuries, death or damage to property arising out of activities at the premises and in any way connected with the activities of the activity participant in the above event except for those acts or commissions which are the sole negligence of Eatonville Community Center, the Town of Eatonville, its agents, employees and officials.

Lesla Tweet

Name & Title (if any) – Please Print

8002 112th St SW

Street Address

Lakewood Wa

Town

Zip

(Signature) 

(Date) 2/19/2013

253 307-0931

Phone: (Home)

littweet@hotmail.com

E-mail address

253-686-0869

(Work)

Deposit due at time of booking reservation. Balance and proof of insurance (if applicable) due two weeks prior to event. Make checks payable to "Town of Eatonville."

-----  
<FOR CENTER USE ONLY>

	<u>AMOUNT</u>	<u>DATE PAID</u>	<u>RECEIPT #</u>	<u>STAFF INITIALS</u>	<u>PACKET GIVEN</u>
Deposit	\$ <u>150.<sup>00</sup></u>	<u>2/25/13</u>	_____	<u>LES</u>	_____ Yes
Rental Fee	\$ <u>120.<sup>00</sup></u>	_____	_____	_____	_____ No

Insurance Required: Yes / No

Liquor Liability Insurance Required: Yes / No

Received by: \_\_\_\_\_

Received by: \_\_\_\_\_

CATEGORY (Class 1, 2, 3 or 4) \_\_\_\_\_

Town of Eatonville  
Glacier Park

P.O. Box 309  
Eatonville, WA 98328

Application for Use

Organization /Agency/Business: Personal use

Person in Charge: Susie & Scott Fry

Phone Number: 253-241-1305 OR 253-229-3300

Mailing Address: 238 Easton Ave W Eatonville WA 98328

Type of Activity: Going away party Live Entertainment if yes, kind: none

Will Alcohol be served: Yes \_\_\_ No X, you will be required to get a banquet permit

Date Requested: 5-5-13 Time Requested: 11:00 (am/pm) to 6:00 am/pm

Estimated Group Size: 50-75 Open to the public: Yes \_\_\_ No X

Kitchen Use: Yes \_\_\_ No X Bathroom Use: Yes X No \_\_\_ Stage Use: Yes \_\_\_ No X

\*\*\*\*\*

The Town of Eatonville, its employees, appointed or elected persons, shall not be held liable for injuries or loss or destruction of property resulting from the use of the premises or facilities. Applicant agrees to defend, indemnify and save harmless the Town, it's appointed and elective officers and employees from and against all lost and expense including but not limited to judgment, settlements, attorney's fees and costs by reason of personal or bodily injury including death at any time resulting there from sustained by any person or persons and in account of damage to or loss of property, including loss of use thereof arising out of or in consequence of the performance of the stated activity; as a result of the negligence of persons other than the Town of Eatonville. Applicant is responsible for the supervision and control of group or individuals to prevent injury and insure safety, as well as all aspects of use, including payment of fees and charges, damage to equipment, property or grounds; which may be incurred. I understand that all Town of Eatonville ordinances apply to this rental application. I acknowledge that I have reviewed the information on both sides of this form.

NAME: SUSAN Fry

SIGNATURE: [Signature] DATE: 4/3/13

\*\*\*\*\*

\*\*\*FOR OFFICE USE ONLY\*\*\*

DAMAGE DEPOSIT, \$50.00 \_\_\_\_\_

KITCHEN FEE, \$35.00 \_\_\_\_\_

APPLICATION PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

RETURN KEYS TO UTILITY DROP BOX AT TOWN HALL.

Town of Eatonville

Glacier Park

P.O. Box 309
Eatonville, WA 98328

Application for Use

Organization /Agency/Business: SKYLINERS OF AMERICA

Person in Charge: GERALD SMITH

Phone Number: 206-772-5418

Mailing Address: 8524 So. 125th Renton, WA, 98057

Type of Activity: PICNIC Live Entertainment if yes, kind: NO

Will Alcohol be served: Yes No X, you will be required to get a banquet permit

Date Requested: AUG 15, 2013 Time Requested: 10 am/pm to 3 am/pm

Estimated Group Size: 60 Open to the public: Yes No X

Kitchen Use: Yes X No Bathroom Use: Yes X No Stage Use: Yes No X

\*\*\*\*\*

The Town of Eatonville, its employees, appointed or elected persons, shall not be held liable for injuries or loss or destruction of property resulting from the use of the premises or facilities. Applicant agrees to defend, indemnify and save harmless the Town, it's appointed and elective officers and employees from and against all lost and expense including but not limited to judgment, settlements, attorney's fees and costs by reason of personal or bodily injury including death at any time resulting there from sustained by any person or persons and in account of damage to or loss of property, including loss of use thereof arising out of or in consequence of the performance of the stated activity; as a result of the negligence of persons other than the Town of Eatonville. Applicant is responsible for the supervision and control of group or individuals to prevent injury and insure safety, as well as all aspects of use, including payment of fees and charges, damage to equipment, property or grounds; which may be incurred. I understand that all Town of Eatonville ordinances apply to this rental application. I acknowledge that I have reviewed the information on both sides of this form.

NAME: GERALD C. SMITH

SIGNATURE: Gerald C. Smith DATE: 8/28/12

\*\*\*\*\*

\*\*\*FOR OFFICE USE ONLY\*\*\*

DAMAGE DEPOSIT, \$50.00

KITCHEN FEE, \$35.00

APPLICATION PROCESSED BY : DATE:

RETURN KEYS TO UTILITY DROP BOX AT TOWN HALL.