

EATONVILLE COMMUNITY CENTER - FACILITY USE AGREEMENT

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

Date 3-11-14

- 1) NAME OF ORGANIZATION/PARTY: SHOP LAKE IMPROVEMENT CLUB 2) DATE OF EVENT: Sat., June 21st, 2014
- 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 room (No kitchen)
- 5) NATURE OF EVENT: Annual Meeting
- 6) ESTIMATED ATTENDANCE: Adults 40-50 Youth _____
- 7) WILL LIQUOR BE SERVED? Yes / No 8) NAME OF EVENT SUPERVISOR Bob Kimball, President
(If yes, you will need to obtain a Banquet Permit from a WA State Liquor Store.) OLIC
- 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.

Nobelle Kimball, Acting Secretary OLIC
Name & Title (if any) - Please Print

Suelee Kimball
(Signature) (Date)

P.O. Box 9
Street Address
Sumner, wa 98390
Town Zip

253-863-2980 253-677-4398
Phone: (Home) (Work) Cell
nirkok@mindspring.com
E-mail address

Enclosed Ch # 2846 \$150.00 deposit

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>3/13/14</u>	<u>45769</u>	<u>CLG</u>	Yes
Rental Fee	\$ _____	_____	_____	_____	No

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

Received by: _____
Received by: _____

CATEGORY (Class 1, 2, 3 or 4) _____