

**CITY OF ALVARADO
SENIOR CITIZEN AND COMMUNITY CENTER
RENTAL APPLICATION**

201 E. College St. Alvarado, Texas 76009
(817) 783-8481

Today's Date: _____

Requested Date: _____

Start Time: _____ End Time: _____

Applicant's Name: _____

Organization's Name (If any): _____

Applicant's Physical Address: _____

Applicant's Mailing Address for Refund:

Daytime Telephone: _____

Evening Telephone: _____

What type of function or event will be held:

Please tell us if there is anything unusual or unique about this event that is not covered by the above:

IMPORTANT NOTICE:

Security Deposit for Damage/Cleaning/Lost key: \$150.00 per event

Rental Fee for up to Four Hours:

| | | |
|-----|--------------------------------------|----------|
| (1) | Great Room | \$150.00 |
| (2) | Dining Room | \$75.00 |
| (3) | Kitchen | \$50.00 |
| (4) | Great Room, Kitchen, and Dining Room | \$175.00 |

Rental Fee Per Hour for Additional Hours:

| | | |
|-----|--------------------------------------|---------|
| (1) | Great Room | \$25.00 |
| (2) | Dining Room | \$20.00 |
| (3) | Kitchen | \$20.00 |
| (4) | Great Room, Kitchen, and Dining Room | \$25.00 |

All fees must be paid in full to the City, during City operating hours, at least forty-eight (48) hours prior to date of reservation. If fees are not paid in full at least forty-eight (48) hours prior to date of reservation, the reservation will be subject to cancellation. Additionally, the City of Alvarado reserves the right to cancel a reservation at any time.

I, _____, ACKNOWLEDGE THAT I HAVE READ THE RENTAL AGREEMENT & RULES GOVERNING THE USE AND CARE OF THE SENIOR CITIZEN AND COMMUNITY CENTER, AND SURROUNDING AREAS, AND AGREE TO ABIDE BY THE PROVISIONS THEREIN. THE CITY RESERVES THE RIGHT TO REFUSE RENTAL TO ANY PERSON OR PARTY DEEMED TO HAVE BEEN IN VIOLATION OF THE AGREEMENT & RULES. ADDITIONALLY, ANY PERSON OR PARTY DEEMED TO BE IN VIOLATION MAY BE ASKED TO LEAVE THE SENIOR CITIZEN AND COMMUNITY CENTER, AND SURROUNDING AREA AT ANY TIME BY CITY OFFICIALS.

Applicant's Signature _____ Date _____
Amount of Deposit Paid \$ _____ Date Paid _____
Amount of Rental Fee Paid \$ _____ Date Paid _____
Amount of Security Deposit Refunded: \$ _____ Date Refunded _____

I have read and understand the above document(s) and agree to abide by these rules and regulations and its conditions. I also understand that, if I disobey any rule or regulation and if I do not call for the inspection that I will forfeit my deposit.

Applicant Signature _____ Date _____

Applicant Phone Number _____

Center Representative _____ Date _____