

DARRINGTON COMMUNITY CENTER
RESERVATION FORM

1005 Cascade St. PO Box 397
Darrington, WA 98241
P. 360-436-1131 F. 360-436-0221

RENTER HIRES THE FOLLOWING FROM THE DARRINGTON COMMUNITY CLUB, INC.:

DINING ROOM

24 rectangular tables
& 250 chairs included

GYM & SHOWERS

ENTIRE BUILDING

Dining room & Gym

APPLICANT(S): _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

EVENT DESCRIPTION: _____

DATE OF EVENT(S): _____ FROM: _____ TO: _____

\$ _____ RENTAL RATE – DUE WITHIN 30 DAYS OF EVENT DATE RECEIVED: _____

\$ _____ DEPOSIT – DATES ARE HELD BY DEPOSIT DATE RECEIVED: _____

\$ _____ INSURANCE ***required if alcohol is being served*** DATE RECEIVED: _____

\$ _____ ADDITIONAL CHARGES DATE RECEIVED: _____

\$ _____ TOTAL RECEIVED

Payment must be cash or check ONLY. Checks need to be made to the Darrington Community Center.

·The Darrington Community Center encourages the use of its facilities, by the community, for all legal and lawful purposes.

·Applicant(s) & guests must abide by the rules & policies of the Darrington Community Center.

·No person shall be denied access to the facilities because of race, creed, color, sex, religion, or natural origin.

·All events are subject to approval by the Board of Directors.

·We recommend the applicant contact their Homeowners Insurance provider regarding event insurance.

APPLICANT SIGNATURE: _____ DATE: _____

Form of Payment: CASH CHECK

CLERK SIGNATURE: _____ DATE: _____

PROOF OF INSURANCE RECEIVED: _____ BLDG. MGR. EMAILED: _____

POSTED ON SKEDDA: _____

CLEAN & OK TO RETURN DEPOSIT: Y / N DATE RETURNED: _____