

Deposit \$_____ (cash or check#_

Rental Request Phone#: 475-8538 (office)

Cafeteria: \$30/hr Half Gym: \$30/hr Full Gym: \$50/hr

Sand Court: \$10/hr/court

Total Amount Paid

Beulah Brinton Community Center Rental Request Form

First and Last Name (please print):				
Address (street/city/zip):				
Phone Number with Area Code:	()			
Type of Rental: Birthday Party	Baby Shower	Other		
Date of Rental:/	Approx # of Peo	ple Attendin	g:	
*For rentals in the <u>cafeteria</u> of 3 hou Actual Rental Time: 2:00pm to 6:00p Actual Rental Time:(am / p	m (cost is \$90 ins	tead of \$120)	-	ample below)
Day of Rental (Bldg Dir Use)			Time Out	· (am/nm)
Rooms to be used (circle all that app				-
Set-up Instructions – Please detail or	• •	•	-	
•	Deposit & Set-umade at least 48 hours	up Instruction	ıs*	
 CHECK-IN PROCEDURES Upon arrival and prior to rente Pay rental in full for times listed CLEAN-UP PROCEDURES Garbage to be bagged & ready Tables/Counter-tops to be wip Floor to be swept and any spill 	ed above y for disposal red clean	the front desk	staff perso	n
**I understand that alcohol, tobacco of Beulah Brinton Community Cente of the rental.	· •	-		
Signature of Rental Requestor:				

Deposit Returned (customer initials) ____