

Phone 208-245-2577

Signature

Fax 245-6579

CORMANA COMMUNITY CENTER USE

APPLICATION AND AGREEMENT

Mailing Address:	
Dates Requested:	Time of Use/Activity:
Description of Use/Activity:	
Name of Insurance Carrier:	Policy Number:
I am authorized to bind the above-named individual or orgindividuals and the undersigned will be liable for any and awhatsoever, both individually and jointly, and shall hold hilability for personal injury or damage during the above-not Building or on any public street in the City of St. Maries. It the key(s) to the building and agree to not lend out or dup	all damage occurring from any source narmless the City of St. Maries for any and all otes function(s) to be held at the Cormana understand that I agree I am responsible for
I UNDERSTAND ALL RENTAL FEES ARE NON-REFUNDABL	.E.

Date

CHARGES:

		Date Paid:	Cash or Check:
Cormana Building Rental – Daily - Non-Refundable	\$220.00		
Cleaning/Key Deposit - Refundable Upon Inspection	\$150.00		

APPLICATION AND FEES MUST BE SUBMITTED TO THE CITY AT LEAST ONE (1) WEEK PRIOR TO THE USE OF THE CORMANA BUILDING. AN INITIAL WALK-THROUGH MUST BE COMPLETED PRIOR TO THE USE AND A FINAL WALK-THROUGH MUST BE COMPLETED AFTER THE USE. THE RENTAL IS NOT CONFIRMED UNTIL THE APPLICATION AND FEE HAVE BEEN SUBMITTED TO CITY HALL,

REMAINDER TO BE COMPLETED BY THE CITY

Deposit/Walk-Through Information				
Date Returned:	Returned To:			
Amount Retained for Damages:	Damage Information:			
Initial Walk-Through Date:		Final Walk-Through Date:		
Key Information				
Date Issued:	Issued To:			
Date Returned:	Returned By:			