

Rental Agreement Application
Tables and/or Chairs

Date of Rental _____
Name of Person or Organization renting tables/chairs _____
Address _____ City _____ Zip _____
Phone # _____ Cell _____
Intended use _____

Date of return _____

Tables _____ x **5.00** Each = _____ re

Chairs _____ x **1.00** Each = _____

Total _____

A key deposit of \$25.00 will be charged if key is given out. Deposit will be returned when tables and chairs are returned

Person named above is responsible for pick-up and return of items rented. Tables and chairs should be returned in the same condition as rented. The above named is responsible for any damage to tables and/or chairs.

Payment is due prior to removal of items from the hall. Return arrangements to be made by Clerk and renter.

BY SIGNING THIS AGREEMENT I AGREE TO THE TERMS SET FORTH:

Signed _____ **Date** _____
Clerk _____

Special notes _____

