AMERICAN LEGION MEMORIAL POST 243

491 West Broadway Street, Oviedo, FL 32765

SPACE USAGE APPLICATION

Organization or Individual Name:			Non-profit? Y or N
Point of Contact Name:			Post 243 Member? Y or N
Email address:		_ Phone Numbe	er:
Purpose/Type of Use:			
Usage date(s):	Start time: _		End Time:
Proposed Facility Donation:			Security Deposit (\$100.00)

Conditions: All American Legion décor and memorabilia will be respected and not disturbed or damaged, alcohol shall not be sold, and smoking (including, cigar, pipe, e cigarettes and vaping) will not be allowed inside the building. Any supplies and materials, if used or consumed, will be replaced in kind and quantity. Should usage be scheduled during regular business or school hours, vehicle parking shall not interfere with assigned school or office parking. User is responsible for clearing all trash generated and depositing it in the dumpster. The facilities are provided as-is and Post 243 makes no warranty regarding the suitability of the facilities for User's purposes.

User shall leave the facilities in the same or similar condition as received. Beyond ordinary wear and tear, User shall be responsible for any damage caused by use of the Space. User shall arrange for the repair of any such damage. In the event the User fails to make the necessary repairs, Owners shall arrange for the same at User's expense.

Complete this page and email to:

post243facilites@gmail.com

SPACE USAGE AGREEMENT

	Owner shall have the	_		
reasonable purpose,	including, but not lin	mited to, any eme	ergency that ma	ay threaten damage to
Owner's property, o	r injury to any persor	ո in or near the Տլ	oace.	
actions, suits, claims connection with any death) caused by the part of the User, its output of the User shall notify Own Space, regardless of Revocation: Control Date, provide Owner revokes the Lorech of this Agree	or other costs (includanage to any proper User's occupation of employees, officers, oner of any damage of the cause of such date of the cause of such dates.	ding reasonable a perty or any injury of the Space, includirectors, indeper r injury of which in mage or injury. right to revoke the ritten notice of revent for reasons of wher shall refund	attorney's fees) r caused to any riding any acts o ndent contracto t has knowledg re License at an vocation. In th other than non to User the ful	person (including or omissions on the ors, or other agents. se of in, to or near the or y time prior to the e event that the
in connection with ti	his Agreement, inclu	ding the entire De	eposit.	
days or more before full amount of the U of the Event Date, the USER (print & sign):	the Event Date. In s	uch an event, the that the Event is the right to retain	e Owner shall re cancelled with the full Deposi	writing, fourteen (14) eturn to the User the in fourteen (14) days it.
Application received	:			
Reviewed by:	CDR			
One needed:	1V 2V 3V			
Determination Date: _				
Applicant Contact:				
If approved, agreemer	nt & deposit received:		_	
POC open/close:	Ph	ione number:		