

COMMUNITY CENTER RESERVATION FORM

Office Hours are 1:30 – 4:30 pm; Mondays, Wednesdays & Friday

Please fill out all information and sign at the bottom where indicated.

RENTER'S INFORMATION:

Name:					
Address:					
City/Zip:					
Phone: Cell:					
E-Mail:					
Rental Time: Community C clean up time	enter is open for re	nt from 9:00 a	m to 9:00 pm	within that time, setup time	e and
Type of Event	i:				
Date of Event:			Time:	to	
Is any type of	music being used?	Yes/No circle	one DJ/Elec	ctronic/ (No live band)	
Number of Gu	iests Expected:		(Lim	iit 80 Persons)	
NO ALCOH	OL ALLOWED O	N PREMISE			
FEES:					
Deposit Fee	\$125.00 CASH	Date Paid:		Rec'd by:	_
Rental Fee	\$	Date Paid:		Rec'd by:	_
	,			HE VILLAGE OF BON ND I AGREE TO BE BO	
Signature of F	Renter		Date		
City Secretary/Mayor			Date		