

RENTAL AGREEMENT FOR GREENFIELD MEMORIAL BUILDING

Greenfield Memorial District. P.O. Box 91, Greenfield, CA 93927-91, (831) 674-2234

Date of Rental _____ Building Open _____ Close _____

Dancing Begins _____ Ends _____

Decorating Day (if different than date of rental) _____

Facility desired _____

Approximate number expected _____ (Dinner/Dance: 400 **Maximum**)
(Assembly: 800 **Maximum**)

Person and/or organization responsible _____

Telephone _____ Alternate Number _____

Address _____

Rented by (if different from above) _____

RENT _____

SUMMARY OF CHARGES

ESTIMATED SECURITY CHARGE _____

RENT \$ _____

KITCHEN/CLEANUP DEPOSIT _____

SECURITY \$ _____

OTHER (Paper, etc.) _____

CLEANUP \$ _____

TOTAL ESTIMATED CHARGES _____

BREAKAGE \$ _____

DEPOSIT DATE _____

OTHER _____ \$ _____

DEPOSIT AMOUNT _____

TOTAL CHARGES \$ _____

ADDITIONAL DEPOSITS _____

TOTAL PAID \$ _____

REFUND _____ \$ _____

TOTAL PAID _____

The undersigned agrees to assume responsibility for the well being of Greenfield Memorial Building during the Rental period and to ensure that all rules related to (and on the reverse side of this contract) the rental of the building are followed.

Rent and Security on complete Hall Rentals must be paid in full 30 days in advance of the rental. A deposit, as required by the Board of Directors, is due upon signing the Rental Agreement. Deposit will be refunded, less \$30.00, if 60 days notice, in writing, is provided.

I have read and understand the above.

SIGNED _____

DATE _____