

**CATAWBA ISLAND TOWNSHIP COMMUNITY HALL RENTAL APPLICATION**

**NAME OF GROUP** \_\_\_\_\_ **DATE OF USE** \_\_\_\_\_

**OCCASION** \_\_\_\_\_ **TIMES (IN&OUT)** \_\_\_\_\_

Applicant must apply in advance of desired date and make a deposit to reserve date.

<b>RENTAL FEE</b>	<b>\$300.00 plus</b>
<b>SECURITY DEPOSIT</b> (Due with application)	<b>\$100.00</b>
Deposit is refundable upon renter agreement	
<b>FEE FOR DAY BEFORE EVENT</b>	<b>\$10.00</b>
Key available after 12:00 noon the day before event for preparations (as long as hall is available)	
<b>Association or Subdivision Meetings</b>	<b>\$60.00</b>
<b>Bereavement Meal</b>	<b>\$60.00</b>
<b>Organization sponsoring event for fund raising purposes committing funds to Community Benefit</b>	<b>\$60.00</b>

1. Tables and chairs for 200 people are furnished
2. No dishes, pitchers, ashtrays or linens are furnished.
3. Decorations are permitted.
4. Township belongings shall not be removed from the premises.
5. Maintenance emergency, call 419-797-9988 or 419-341-1101.
6. Make check payable to CATAWBA ISLAND TOWNSHIP.

**RENTER AGREES TO:**

1. Clean the premises and place all refuse in containers provided.
2. Be sure all lights are turned off.
3. In winter, turn the heat down to 60 degrees when leaving.
4. In summer, turn air conditioning up to 85 degrees when leaving.

\_\_\_\_\_ agrees to defend, indemnify and hold harmless CATAWBA ISLAND TOWNSHIP from any claim, demand, suit, loss, cost of expense, or any damage which may be asserted, claimed or recovered against CATAWBA ISLAND TOWNSHIP by reason of any damage to property, personal injury or bodily injury, including death, sustained by any person whomsoever and which damage, injury or death arises out of this activity.

If the facilities are found to be in the same condition as when rented and there is no damage and the key is returned, the deposit will be returned by the Trustees. (If key is not returned, \$25.00 charge).

**I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE TERMS OF THIS AGREEMENT**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ Deposit \_\_\_\_\_

Return to: Karen Shaw (419-797-4131)  
4822 E. Cemetery Rd.  
Port Clinton, OH 43452