

Town of Summerdale
COMMUNITY CENTER

Facility Lease Agreement

Lessee: _____

Contact Person: _____

Address: _____

Phone: _____

Event Information

Event Title: _____

Event Date: _____ *An addendum will be attached to outline multiple usages.*

Time In: _____ Start Time: _____ End Time: _____ Time Out: _____

Estimated Attendance: _____ Admission Charge: _____

Payment

(Fees for events booked more than 12 months in advance are subject to change to reflect fees current at the time of the event)

Resident of Summerdale - \$100.00 \$ _____

Non-Resident of Summerdale - \$200.00 \$ _____

Refundable Cleaning Deposit - 150.00 \$ _____

Personnel Fees *(To be determined)* \$ _____

Total Paid \$ _____

Date: _____

Refunded: _____ Date: _____
