



SHELTON CIVIC CENTER

RENTAL APPLICATION

525 W Cota
Shelton WA 98584
Voice 360-426-9731 , Fax 360-426-7746

Date: _____

Contact Person: _____ Organization: _____

Address: _____

Telephone #: (H) _____ (W) _____

Date(s) Requested: _____

Meeting Rooms (1) _____ (2) _____ (3) _____ Main Room _____ Kitchen _____

Times Requested: From _____ am/pm to _____ am/pm Total hrs: _____

Description of event: _____

Estimated Attendance: _____

Room set-up description: _____

Will admission be charged? Yes / No

How many Shelton hotel rooms have been rented in conjunction with your event? _____

The following checked criteria must be met and evidence provided to the City at least thirty (30) days prior to the date of the event:

- Rental fee – Separate check or money order payable to the City of Shelton: \$ _____
- Damage Deposit - \$300.00
- Copy of non-profit IRS tax exemption letter
- Copy of liability insurance

HOLD HARMLESS

The organization/group/individual above stated agrees to defend, indemnify, and hold harmless the city of Shelton, its officers, employees and agents from any and all claims for injury to person (including death) or property arising out of, or in any way connected to its/our use of the rented Civic Center space except to the extent any such claims may arise from any act or omission of the City of Shelton.

I have read and agree to the policies, rules and regulations of the Shelton Civic Center Community Use Space.

Signature: _____

Date: _____

For office use only:

Date Submitted: _____

Advance Rental Fee \$50.00

Receipt #: _____

Rental Fee: _____

Receipt #: _____

Damage Deposit \$300.00

Receipt #: _____

Authorized by: _____

Date: _____