

# application RENTAL AGREEMENT

Date of Event \_\_\_\_\_ Date of Application \_\_\_\_\_

## RENTER INFORMATION (PLEASE PRINT CLEARLY):

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

## EVENT INFORMATION:

Estimated Attendance \_\_\_\_\_

Partner 1 Full Name \_\_\_\_\_ Partner 2 Full Name \_\_\_\_\_

### ROOM REQUESTED FOR US:

- |  |   |
|--|---|
| <input type="radio"/> Full Plymouth Room | <input type="radio"/> Black Box Theater           |
| <input type="radio"/> 1/2 Plymouth Room  | <input type="radio"/> Aspen Room                  |
| <input type="radio"/> B                  | <input type="radio"/> Birch Room                  |
| <input type="radio"/> A/C (w/stage)      | <input type="radio"/> Cedar Room                  |
|  | <input type="radio"/> Main Conference Room        |
|  | <input type="radio"/> Lower Level Conference Room |

Start \_\_\_\_\_ a.m. / p.m. End \_\_\_\_\_ a.m. / p.m.

### MILLENNIUM GARDEN:

Start \_\_\_\_\_ a.m. / p.m. End \_\_\_\_\_ a.m. / p.m.

### GREEN ROOM (MAIN LEVEL):

Start \_\_\_\_\_ a.m. / p.m. End \_\_\_\_\_ a.m. / p.m.

### GREEN ROOM (LOWER LEVEL):

Start \_\_\_\_\_ a.m. / p.m. End \_\_\_\_\_ a.m. / p.m.

## CATERING AND BEVERAGES (outside food and beverages are not permitted in the PCC or Garden)

Will food be served at this event? Yes / No (must use PCC exclusive food and beverage provider)

Will alcohol be served at this event? Yes / No (must use PCC exclusive food and beverage provider)

Upon application approval, the City of Plymouth shall make available to the holder of the permit the Plymouth Community Center's facilities for use on the date specified, and shall provide custodial services, building supervision, and police services (if required). The City reserves the right to exercise supervisory authority and to prevent unauthorized or illegal activities on City property. The City shall not be responsible for interruptions of the use of the described facilities for reasons beyond its control, and reserves the right to cancel this permit for reasons of public safety or convenience.

I (We) represent and agree that I (we) have read and understand the information regarding the use of the Plymouth Community Center, including cancellations procedures, liabilities and responsibilities assumed, times and curfews, and maximum room capacities. I (We) further understand that this is only an application for use which provides me (us) with no assumed or implied rights for use until written approval is received. I (We) further understand that fees paid are non-refundable in accordance with City policies recited in the Policy For Use of the Plymouth Community Center.

Specifically, and without limiting the generality of the foregoing, the holder of this permit agrees to save, defend and hold harmless the City for any damages to City personnel, facilities, equipment or other City property, or to the property and/or person of any third party resulting from the use authorized hereby. The City Hall not be liable for death or injury of any such person occurring as a result of the use of the facilities authorized hereby.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*PCC accepts cash, checks or credit card. Please make checks payable to the Plymouth Community Center.*