COMMUNITY ROOM RENTAL FORM

Name of Member:__________________________________________ Email:_____________________

Home Phone/Cell__________________________________ Reason for Rental: _________________

Size of Party: _______ Requested date of party/rental:_____________ Time of event: ________

REQUEST: Community Room: __________ Outside Deck: _________ Plan use of pool______

If departmental event use PTA account #: ______________________________________________

Rental/Cleaning Fee Rates:

- 20 or less   $60.00/$20 = $80
- 21 to 40 people   $100/$40 = $140
- 41 to 75 people   $125/$60 = $185
- 76 to 100 people   $175/$75 = $250

Security Deposit: **The security/damage/additional cleaning deposit minimum of $100 or the same as your rental fee, whichever is greater. Your security deposit should be made in a separate check upon reservation. Please include a self addressed envelope with your rental form so your deposit may be returned if everything is satisfactory by management otherwise it will be shredded.**

Lifeguard Fee: **$15 per hour per lifeguard with a minimum of two hours.** If there is plan use of the pool in season of spring/summer we require one lifeguard for every 20 users with minimum two week notice to schedule. **Note:** Off season parties Fall/Winter or if use of the pool occurs at anytime then sponsoring member(s) are responsible to provide adequate adult supervision of the pool.

PAYMENT: Rental/Cleaning Fee:__________ Lifeguard Fee:_________ TOTAL DUE__________

In consideration of being granted the use of SCRA on the terms listed:
1. In full agreement with this contract
2. Both the person in charge and I assume personal responsibility for the undertaking.
3. To pay for any damage to the facilities incurred in the course of the rental.
4. Violations of rental/SCRA club rules constitute grounds for the forfeit of the deposit.
5. To provide adequate chaperones for parties attended by juveniles.
6. As the member responsible for the rental/party I will be in attendance the entire time.

Primary Member’s Signature______________________________ Date _______

-----------------------------------------------------------------Office Section------------------------------------------------------------------------

Security Check received_________________________ Rental Check received________________________

Security check returned/shredded_______________ Rental check processed _______________