

Brinnon Community Center RENTER'S AGREEMENT

Brinnon Community Center
PO Box 9 + 306144 Hwy 101 + Brinnon, WA 98320 + (360) 796-4350

Form CC105A (Rev. 01/10/2023)

Date:		
Group Name:		
Contact Person:	Contact Phone:	
Mailing Address:		
	Event Time: at least 24 hours prior to schedule during regular office hours.	
Number of people involved:	Evening or Weekend Access Needed? YES NO	
Room(s) Assigned:	Charges: Method of Payment:	-
Group/Renter: Non-Profit Ind	vidual Community Organization Profit Gov't	
Population Served: Seniors Y	outh Both Other:	
 informational, educational, Priority for the use of meeti An adult representative of t use. In issuing posters, press releptore program is sponsored, co-sponsored, co-sponsored using the facilities are also agree to hold harmless resulting from this rental. No products, memberships permission of the Center Magnetic program is sponsored. 	ng rooms will be given to OlyCAP and Center sponsored activities. The group will be asked to assume responsibility for the period of asses or other publicity, groups must avoid an inference that their consored or approved by OlyCAP or the Center. It the Center do so at their own risk. By signing this agreement, you OlyCAP and its employees or representatives from any legal action or services may be advertised, solicited, or sold, without the expresentatives.	
Print:	Date:	-
Signature:		



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Company or Organization: _____

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Center Procedures:	initial				
• The responsible person must pick up the key or make _arrangements during business hours,					
9:00am – 1:00pm, Monday – Friday.					
 The responsible person must report any problems to the Center Manager. 					
• The responsible person is to see that the building is left clean, locked and the lights shut off					
following lock up procedures.					
Food and beverages in dining room only.					
 All trash put in outside trash can and rooms left clean. 					
 No smoking or vaping within 25 feet of the building. 					
 No pets at any time in the building. 					
 Lights off and building locked by 9:00pm. 					
Lights off and building locked by 5.00pm.					
Room Rates: initial					
	Dining Room	Small Mtg Rm	Kitchen		
Group Type	Per 2 Hr. Event	Per 2 Hr. Event	Per 2 Hr. Event		
Public Service	\$25.00	\$20.00	\$25.00 (\$12.00 Each Hour After)		
Private	\$35.00	\$25.00	\$30.00 (\$14.00 Each Hour After)		
Profit	\$45.00	\$35.00	\$35.00 (\$16.00 Each Hour After)		
Facility Event	\$100.00/4 Hr.	Includes dining room, kitchen, bathrooms			
Deposit Rates: initial ☐ No Charge per management (Mgr. initial)					
Rooms : \$50.00 da	mage deposit – f	ully refundable if left	clean and with no damage.		
Kitchen: \$50.00 damage deposit – fully refundable if left clean and with no damage.					
Note: please make deposit a separate payment from rent in the form of a check. It will not be cashed unless the room is left					
messy or damaged.					
I agree to accept ful	ll responsibility fo	r any damage caused	d because of my use or by the use of those		
under my supervision	on. I acknowledge	that anyone enterin	g the premises during my time of use comes		
within the scope of	my responsibility				
Signature & Title:					