



City of Covington

16720 SE 271ST Street, Suite 100 • Covington, WA 98042 (253-480-2400 • Fax: (253) 480-2401
After Hours Contact Number: (253) 569-0167

Community Room Reservation Form

RESERVATION INFORMATION (Complete all that apply)

Date Requested: _____

Rental Hours: From: _____ a.m./p.m. To: _____ a.m./p.m. Day: **M T W TH F SA SU**

Description of Event: _____

Approx. Attendance: _____ Alcohol being served: Yes No Kitchen Needed: Yes* No

Deposit Due: \$257.00 *Kitchen is additional **\$30.00** to be added to Rental Fee

Price Per Hour: \$_____ Total # of Hours:_____ Total Rental Fee: \$_____ Total Due: \$_____

Additional Information: _____

City Sponsored Event Yes No Facility Monitor Fee, if applicable: \$_____

RENTER CONTACT INFORMATION (Please Print)

Name: _____ Organization: _____

Street: _____ City: _____ Zip: _____

Day Phone: (____) _____ Evening Phone: (____) _____

E-mail Address: _____

I have received a copy of the City's **Rental Procedures & Regulations** and agree to comply with all said rules and regulations. I agree to defend, indemnify, and hold harmless, the City of Covington, its appointed and elected officials, agents, and employees from and against any and all liability, loss, costs, damage and expense, including costs and attorney fees in defense thereof because of actions, claims, or lawsuits for damages resulting from personal bodily injury, including death at any time resulting there from, sustained or alleged to have been sustained by any person or persons on account of damage to property, arising or alleged to have arisen directly or indirectly out of or in consequence of the permitted use.

I am agreeing to these terms on behalf of, and they are binding on, me, my family, my heirs, beneficiaries, personal representatives and estate.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY: Date Reserved: _____	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	Credit Card <input type="checkbox"/>
Damage Deposit Paid: \$ _____	Date: _____	Receipt Number: _____	
Total Rental Fee Paid: \$ _____	Date: _____	Receipt Number: _____	
Forms Received: Rental Procedures and Regulations/Initialed _____			
WSLCB Banquet Permit <input type="checkbox"/>	Alcohol Use Agreement <input type="checkbox"/>	Certificate of Insurance <input type="checkbox"/>	