Community Room Reservation Form

Date Requested: _______________________________________________________________

Rental Hours: From: _______am/pm  To: _______am/pm  Day: M T W TH F SA SU

Description of Event: ________________________________________________________________

Approximate Attendance: #Adults _____/#Children**_____  City Sponsored Event ___Yes ___No

Alcohol being served: ☐Yes  ☐No  Kitchen Needed: ☐Yes*  ☐No  *Kitchen is additional $30.00

Deposit Due: $250  **Please review #9 of the Rental Procedures and Regulations Form re children

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

Additional Information: ________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

How did you hear about our facility? __________________________________________________

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:  Event Date: __________________________  Cash___  Check___  Credit Card___

Damage Deposit Paid: $_________ Date: _____________  Receipt Number: _______________________

Total Rental Fee Paid: $_________ Date: _____________  Receipt Number: _______________________

Forms Received:  Rental Procedures and Regulations/Initialed ______
WSLCB Banquet Permit _____  Alcohol Use Agreement _____  Certificate of Insurance _____