



City of Covington
16720 SE 271st St. Suite 100
City Hall – 253.480.2400
Covington, WA 98042
www.covingtonwa.gov

After Hours Contact (206) 856-9568

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 _____