



"Building A Stronger Community TOGETHER"

# SHELTON CIVIC CENTER RENTAL APPLICATION

525 W Cota  
Shelton WA 98584  
Voice 360-426-9731 , Fax 360-426-7746

Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Meeting Rooms (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ Main Room \_\_\_\_\_

Times Requested: From \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm Total hrs: \_\_\_\_\_

Description of event: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

Room set-up description: \_\_\_\_\_

Will alcohol be served? Yes / No

Will admission be charged? Yes / No

How many Shelton hotel rooms have been rented in conjunction with your event? \_\_\_\_\_

**The following checked criteria must be met and evidence provided to the City at least thirty (30) days prior to the date of the event:**

- Rental fee – Separate check or money order payable to the City of Shelton: \$ \_\_\_\_\_
- Damage Deposit - \$300.00
- Copy of non-profit IRS tax exemption letter
- Copy of Banquet Permit or Special Occasion permit
- Copy of liability insurance

### HOLD HARMLESS

The organization/group/individual above stated agrees to defend, indemnify, and hold harmless the city of Shelton, its officers, employees and agents from any and all claims for injury to person (including death) or property arising out of, or in any way connected to its/our use of the rented Civic Center space except to the extent any such claims may arise from any act or omission of the City of Shelton.

I have read and agree to the policies, rules and regulations of the Shelton Civic Center Community Use Space.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*For office use only:*

Date Submitted: \_\_\_\_\_

Advance Rental Fee \$50.00

Receipt #: \_\_\_\_\_

Rental Fee: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Damage Deposit \$300.00

Receipt #: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Date: \_\_\_\_\_