



---

**NAME** **PHONE NUMBER**

---

**ADDRESS** **CITY, STATE & ZIP**

---

**TYPE OF EVENT**

---

**DATE OF EVENT** **START & END TIME**

**WILL ALCOHOL BE SERVED?** \_\_\_\_\_

**WILL KITCHEN BE NECESSARY?** \_\_\_\_\_

**I, THE UNDERSIGNED, HAVE READ THE POLICIES AND GUIDELINES AND AGREE TO COMPLY WITH THOSE POLICIES.**

---

**SIGNATURE** **DATE**

---

**SIGNATURE OF CITY**

**FOR OFFICE USE ONLY**

**AMOUNT OF DEPOSIT** \_\_\_\_\_ **DATE OF DEPOSIT** \_\_\_\_\_

**BALANCE PAID** \_\_\_\_\_ **DATE PAID** \_\_\_\_\_

\*\*\*PLEASE PICK UP THE KEY THE DAY BEFORE YOUR EVENT BY 4:00 P.M. PLEASE WRITE 2 SEPARATE CHECKS PAYABLE TO: CITY OF CAMANCHE. DEPOSIT CHECK WILL BE SHREDDED UPON INSPECTION OF COMMUNITY CENTER\*\*\*