

# Roeland Park Community Center Facility Use Request

Room 6

Renter (responsible party) Last Name	First	Birth Date	Age	Phone Number (   )
Additional Authorized Users (organization use only)				
Mailing address	City	State	Zip	
E-mail address				
Rental Date	Rental Start Time	Rental End Time	Number Attending	
Extra Equipment:				
<input type="checkbox"/>	50-cup coffee maker (\$5)	<input type="checkbox"/>	Podium	
<input type="checkbox"/>	Portable dry-erase board with markers (\$5)	<input type="checkbox"/>	Portable sound system with microphone (\$25)	
<input type="checkbox"/>	Punch bowl with ladle (\$5)	<input type="checkbox"/>	Television/DVD/VCR (\$10)	

**PLEASE READ CAREFULLY AND INITIAL ALL STATEMENTS**

\_\_\_\_\_ I have read all the Roeland Park Community Center Rental Facility Guidelines and agree to abide by all policies including the refund policy.

\_\_\_\_\_ I am aware I must not arrive earlier than my rental time noted on my Rental Contract.

\_\_\_\_\_ I am aware that I must not exceed the rental end time and will be charged for any time myself or any member of my group has not vacated the Roeland Park Community Center.

\_\_\_\_\_ I am aware that I am responsible for clean-up and I have reserved sufficient time for these tasks to be completed.

\_\_\_\_\_ I am aware that I am responsible for my group and all guests, including children. Guests must stay within the rental space and children will be accompanied at all times.

\_\_\_\_\_ I understand and agree to abide by the cancellation policy.


\_\_\_\_\_ I understand and will abide by the clean-up guidelines on the facility use checklist.

\_\_\_\_\_ I understand and agree to obey the rules regarding the serving of alcohol as set forth in the rental guidelines. The Roeland Park Community Center staff reserves the right to contact the Roeland Park Police Department if we do not obey these rules. Alcohol is not permitted in this room.

\_\_\_\_\_ I am aware the remaining fees and set up information are due four weeks prior to my event and understand additional fees may be applied if not received in time.

Signature of Renter \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

<b>Residency:</b> <input type="checkbox"/> Roeland Park Resident <input type="checkbox"/> Johnson County Resident <input type="checkbox"/> Non-Johnson County Resident	<b>Remaining Fees:</b> Amount due: _____ Due date: _____ Date Paid: _____	 <b>JOHNSON COUNTY Park &amp; Recreation District</b>
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