

City of St. Robert
M I S S O U R I
Community Center Rental Application

Office Location: 105 JH Williamson Dr.
 St. Robert, MO 65584
 573-451-2625 / park@saintrobert.com

| | | |
|---|-----------------|------------------|
| Point of Contact: | | |
| Name of organization: | | |
| Phone #: | Email: | |
| Address for deposit: (refund) | City: | St.: |
| | | Zip: |
| Rental Date: | Time In: | Time Out: |
| <i>*Time periods MUST include set-up and clean up!* Intial: _____</i> | | |
| <i>*If Not Cleaned up and exiting at stated time / Will result in LOSS of Deposit*</i> | | |

| PLEASE CHECK OR MARK WHAT YOU WILL BE UTILIZING | | |
|---|------------------------------|-------------------------------------|
| 6' RECTANGLE TABLES (APPROX. 30) | 6' ROUND TABLES (APPROX. 28) | 4' ROUND TABLES (4) |
| CHAIRS (APPROX. 200.) | MARQUEE SIGN | BALL FIELD (check for reservations) |
| STAGE | MICROPHONE | Aux. cord & box |
| KITCHEN (\$50 FEE) | | MISC: |

| PLEASE CHECK OR MARK WHAT YOU WILL BE UTILIZING | |
|---|--------------------|
| NON-PROFIT | CHARGING ADMISSION |
| ALCOHOL | SELLING ALCOHOL |

| |
|---|
| Marquee sign: |
| Date Created: _____ Created By: _____ |
| Times to run: (start): _____ (End): _____ |
| Message: |

Please Sign and date to verify that you have been advised of all rules and regulations and the individual information is correct.

| | |
|-----------------------------|--------------|
| Applicant Signature: | Date: |
|-----------------------------|--------------|

****In the event of an emergency/disaster the Community Center is the designated Red Cross limited notice. Deposits and rental fees will be returned.****

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| Rental Rates | Rental Rates W/Kitchen | Non Profit Rental Rates | Non Profit w/Kitchen |
|------------------|------------------------|-------------------------|----------------------|
| 4 Hours - \$200 | 4 Hours - \$250 | 4 Hours - \$100 | 4 Hours - \$150 |
| 8 Hours - \$250 | 8 Hours - \$300 | 8 Hours - \$150 | 8 Hours - \$200 |
| 12 Hours - \$300 | 12 Hours - \$350 | 12 Hours - \$200 | 12 Hours - \$250 |

Assumption of Liability Agreement to Hold Harmless

The applicant assumes the entire responsibility and liability for losses, damages and claims arising out of injury or damages to the applicant's display, equipment and other property brought upon the premises of the city and shall indemnify and hold the city, agents, and employees from any and all such losses, damages and claims.

Insurance

For your protection, you may wish to obtain public liability insurance while using city property to indemnify against loss resulting from bodily injury and property damage. Your insurance agent can assist you in obtaining this insurance. A copy of the insurance certificate should be filed with the city of Saint Robert. The applicant acknowledges that the city does not maintain insurance covering the applicant's property and that it is the sole responsibility of the applicant to obtain business interruption and property damage insurance covering such loss by applicant.

Agreement to Abide by Rules and Regulations

In the event the applicant is a corporation, association, club, society, or group the person signing this agreement for such entity represents to the city that he/she has full authority to sign such contract and, in the event that he/she is not authorized, that he/she will be personally liable for faithful performance of this agreement. The terms and conditions, together with the attached rules and regulations shall constitute a contract between applicant and the city of St. Robert facilities. I understand and plan for the group I represent to apply all the above and attached rules.

Cancellation Policy

Due to the high demand of the St. Robert Community Center, there will be a 50% deduction of deposits for cancellations less than 72 hours' notice.

For Office Use Only

| | |
|------------------------------------|---|
| Deposit Fee: \$ | Deposit Paid: \$ |
| Cash/Card/Check#: | Date Paid: |
| Submit by Date: | Employee Signature: |
| Fees: \$ | Fees Paid: \$ |
| Cash/Card/Check#: | Date Paid: |
| Submit by Date: | Employee Signature: |
| Refund: \$ | Refund submitted on: |
| Submitted by: | |
| Cancelation(if applicable): | Cancelled via: phone Email in person |
| Canceled on: | Employee Signature: |