

GARDINER COMMUNITY CENTER 2024 RENTAL AGREEMENT - EVENT

GARDINER COMMUNITY CENTER
980 OLD GARDINER RD., Box #12
SEQUIM, WA 98382

INDIVIDUAL/ORGANIZATION NAME:

TIMES, DAYS, MONTHS OF THE EVENTS:
CONTACT PERSON/S:

TELEPHONE: E-MAIL:

DEPOSIT REFUND TO: DATE REFUNDED: CHECK NO:

MAILING ADDRESS:

USAGE (Meeting, Dinner, Wedding Reception, etc.):

ROOMS AND PROPERTIES USED:

RENTAL FEES: DAMAGE DEPOSIT: TOTAL:
DATE PAYMENT RECEIVED: CHECK NO:

**USE OF THE CENTER IS RESTRICTED TO THE DAYS AND HOURS LISTED IN THE SIGNED AGREEMENT.
RENTAL FEE AND DAMAGE DEPOSIT IS DUE 14 DAYS PRIOR TO RENTAL TO HOLD RESERVATION**

**RENTER IS SOLELY RESPONSIBLE TO OBTAIN ALL NECESSARY FOOD HANDLING PERMITS FROM
JEFFERSON COUNTY PUBLIC HEALTH (360-379-4496) OR LIQUOR PERMITS FROM**
<https://liq.wa.gov/content/online-banquet-permit>

_____ DOES HEREBY AGREE TO BE RESPONSIBLE FOR COMPLIANCE
WITH ALL RULES AND REGULATIONS GOVERNING THE USE OF THIS FACILITY AS STATED IN THE
RENTER'S CLEAN-UP RESPONSIBILITIES AND FOR ALL DAMAGE TO THE BUILDING AND/OR ITS
EQUIPMENT AND FURNISHINGS AND DOES HEREBY AGREE TO MAINTAIN THE PREMISES IN GOOD
ORDER AND REPAIR.

**THE RESPONSIBLE RENTER, ON BEHALF OF THEIR GUESTS, FURTHER AGREES TO IDEMNIFY AND
HOLD HARMLESS THE GARDINER COMMUNITY CENTER ADVISORY BOARD AND JEFFERSON
COUNTY FOR ANY INJURY OR DAMAGE TO PERSONS OR PROPERTY OCCURRING DURING OR
ARISING OUT OF THE OCCUPANCY AND USE OF THE BUILDING AND SURROUNDING PREMISES.**

**ALL CHECKS SHOULD BE PAYABLE TO "THE GARDINER COMMUNITY CENTER" AND MAILED TO:
THE GARDINER COMMUNITY CENTER, 980 OLD GARDINER RD., SEQUIM, WA 98382. ANY BANK
CHARGES FOR "NSF" CHECKS WILL BE PASSED ONTO THE RENTER.**

**EVENT/MEETING CAN BE ANNOUNCED TO THE PUBLIC THRU: PDN-360-452-2345, LEDER-360-385-2900,
KSQM-(91.5) 360-381-0000, KPTZ (91.9) 360-379-6886**

**IN THE EVENT OF CANCELLATION OR RESCHEDULING, THE RENTER SHOULD CONTACT THE
FACILITY COORDINATOR AS SOON AS POSSIBLE**

SIGNATURE OF PERSON RESPONSIBLE: _____

ORGANIZATION REPRESENTATIVE

DATE:

Don Isley
**GARDINER COMMUNITY CENTER
FACILITY COORDINATOR
DATE:**