



2013

Bob Chisholm Community Center Facility Use Agreement

1225 Avenue A

Seaside, OR 97138

Phone: (503)738-7393

Fax: (503)738-3348

Room(s) Requested: _____

Applicant: _____

Address: _____ Phone: (Home) _____

City: _____ State: _____ Zip: _____ (business) _____

Function: _____ Number of Participants: _____

Date(s) requested: _____ Day(s) _____ Time(s) _____

Is your group a 501(c)3 non-profit? Yes No Sponsored? Yes No

***Please note that special policies and fees apply to alcohol usage at the center, will alcohol be served at this function?** Yes No

Fees: _____ Total: _____

Refundable cleaning & alcohol deposit: _____ Total: _____

Special arrangements and instructions: _____

Indemnity Statement: I hereby certify that I will abide by all rules and regulations of the Bob Chisholm Community Center and will enforce such rules among participants in my organization. As a duly authorized representative of the requesting organization and on behalf of the requesting organization, I agree to save, keep and bear harmless the Bob Chisholm Community Center, Sunset Empire Park & Recreation District and all its officers and agents from all damage costs or expense in law or equity (including costs of suit and expenses for legal services) that may arise or be set up because of damage in property, death or injury to persons received or suffered in connection with the event described above which may be occasioned by any negligence on the part of the requesting organization or any of its agents or employees, or any act or omission to act on the part of the said organization, its agents or employees which result in a dangerous condition of property on requested City or District facility. Management is not responsible for any items left in the Center or on its property, whether or not secured.

Signature _____ Date _____

Office Use Only

Rental arranged by: _____

Fee (s) paid: _____ Date paid: _____ Receipt # _____

Cleaning Deposit _____ Date paid _____ Receipt# _____ returned _____

Alcohol Sec. deposit _____ Paid _____ Receipt# _____ returned _____