

COMMUNITY CENTER

Name: _____

Address: _____

Date/Time: _____

For: _____

Phone: _____

Full Center: \$65.00

Large Half Center: \$40.00

Small Half Center: \$25.00

Kitchen: \$15.00 Additional

Deposit: \$50.00 Cash Check # _____ Returned: _____

Date & Initial

Rent: _____ Cash Check # _____

Total: _____

If paying by check, we need two separate checks.

Inspected by: _____

Accepted: _____

Non Acceptable: _____ Reason: _____
