## **COMMUNITY CENTER**

Name:				
Address:				
Date/Time	e:			
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: Total:		Cash Check #		
If paying b	y check, w	ve need two separate o	checks.	
Inspected	by:			
Acce	epted:			
Non Acceptable: Reason:				