



Community Room Rental Contract – MEETING ROOM
224 West Buffalo Street
New Buffalo, MI 49117
269-469-1500

Event Date: _____

EQUIPMENT REQUESTED

TABLES _____

PROJECTOR _____

MICROPHONES _____

Event Date: _____ **Rental Time:** _____

Client Name: _____ **Phone:** _____

Type of Event: _____ **Email:** _____

- *Rental Rate is \$100.00 per event for the Community room.*
- *Any remaining balance is due 30 days prior to event date.*
- *Clean-up will be completed by our City staff.*

THE SPONSOR AGREES TO THE FOLLOWING REGULATIONS:

It is fully understood that the sponsoring organization/individual has full responsibility for the care of the area being used and will leave the facility in clean condition with equipment in place. It is further understood that the sponsoring organization/individual assumes responsibility for the actions and damages of the organization/individual and/or its guests and that the City of New Buffalo is held harmless in any liability involving the above rental usage.

The Community Room must be vacated immediately after the reserved time, if not a charge of \$50.00 PER ½ HOUR will be billed to the applicant.

I HAVE READ THE ABOVE REGULATIONS AND AGREE TO ABIDE BY THEM:

Name of Business or Organization: _____

Client Signature: _____ Date: _____

Mailing Address: _____ Phone: _____

City, State, Zip Code: _____ Phone (2nd): _____

City of New Buffalo Staff member: _____



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Additional Information:

Payments Received: \$ _____ / / \$ _____ / /

CREDIT CARD: *A convenience fee will be charged*

Name on Card: _____

Card Number: _____

Expiration Date: _____

CVV Number _____

Signature: _____

