



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

- *Community room is available on Saturdays only from 8:00 am – 12:00 pm (noon) Eastern time.*
- *Rental Rate is \$100.00 per event. If event extends past 12:00 pm Eastern time, an additional \$100.00 will be billed to the applicant.*
- *Payment is due at time of reservation.*
- *Community room must be vacated by time indicated on the agreement below. If not, an additional charge of \$50 for each 30 minutes beyond the Rental End Time will be billed to the applicant.*
- *Please allow for clean-up in the reserved rental time indicated below.*
- *TV available for projection from a computer.*

Event Date: _____

EQUIPMENT REQUESTED

TABLES _____ MICROPHONES _____

Type of Event: _____

Rental Start Time: _____ **Rental End Time:** _____

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 Name (Please Print): _____

Client Signature: _____ Date: _____

Mailing Address: _____ Phone: _____

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

Email Address: _____



Community Room Rental Contract – MEETING ROOM - Page 2

Additional Information (room configuration, etc.):

CREDIT CARD: A convenience fee will be charged

Name on Card: _____ Card Number: _____

Expiration Date: _____ CVV Number _____

Please return the completed form with payment to the City of New Buffalo City Hall:

By mail: 224 W. Buffalo St., New Buffalo, MI 49117

By email: Send to sboone@cityofnewbuffalo.org

Drop off: In person at City Hall or in the drop box located outside the side door of the City Hall building.

FOR OFFICE USE ONLY

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

City of New Buffalo Staff member: _____

Signature: _____