

EATONVILLE COMMUNITY CENTER - FACILITY USE AGREEMENT

305 Center Street W
PO Box 309
Eatonville, WA 98328
360-832-3361 ext. 102

- 1) NAME OF ORGANIZATION/PARTY: Pierce Co Planning 2) DATE OF EVENT: 3/6/14
 3) DURATION OF EVENT (including Set-Up & Clean-Up): FROM 6 AM/PM TO 8 AM/PM TOTAL HOURS 2
 4) ROOM(S) BEING USED (if known): _____
 5) NATURE OF EVENT: Informational Community meeting re: 2015 updates to Comp Plan
 6) ESTIMATED ATTENDANCE: Adults 30 Youth _____
 7) WILL LIQUOR BE SERVED? Yes No 8) NAME OF EVENT SUPERVISOR _____
 (If yes, you will need to obtain a Banquet Permit from a WA State Liquor Store.)
 9) IS THERE AN ADMISSION CHARGE? Yes No 10) IS THIS A 501(c)(3) NONPROFIT ORGANIZATION? Yes / No

I certify that I am the authorized representative of the above organization/group, have read and agree to be bound by the regulations, policies and fee schedules as described in the rules and procedures governing the use of the Eatonville Community Center, and that the information above is true. On behalf of the group I represent, I agree to supervise all activity on the premises and to comply with and enforce the attached rules and regulations during the time allocated for our group. I agree to and understand the fee schedule, charges and policies governing use of the Center by groups. **HOLD HARMLESS AGREEMENT:** On behalf of the group I represent, I agree to hold the Eatonville Community Center, the Town of Eatonville, its agents, employees and officials, while acting within the scope of their duties, harmless from all causes of actions, demands, and claims, including the cost of their defense, arising in favor of the activity participant or third parties on account of personal injuries, death or damage to property arising out of activities at the premises and in any way connected with the activities of the activity participant in the above event except for those acts or commissions which are the sole negligence of Eatonville Community Center, the Town of Eatonville, its agents, employees and officials.

Toni Fairbanks Clerk
 Name & Title (if any) - Please Print
Planning & Land Services
2401 - S 35th St
 Street Address
Tacoma WA 98409
 Town Zip

Toni Fairbanks 2/12/14
 (Signature) (Date)
253-798-7156
 Phone: (Home) (Work)
toni.fairbanks@co.pierce.wa.us
 E-mail address

Deposit due at time of booking reservation. Balance and proof of insurance (if applicable) due two weeks prior to event. Make checks payable to "Town of Eatonville."

<FOR CENTER USE ONLY>

	<u>AMOUNT</u>	<u>DATE PAID</u>	<u>RECEIPT #</u>	<u>STAFF INITIALS</u>	<u>PACKET GIVEN</u>
Deposit	\$ _____	_____	_____	_____	Yes
Rental Fee	\$ _____	_____	_____	_____	No
Insurance Required:	Yes / No				Received by: _____
Liquor Liability Insurance Required:	Yes / No				Received by: _____

CATEGORY (Class 1, 2, 3 or 4) _____