

# 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: Jennie Smith      2) DATE OF EVENT: 8/24/14
- 3) DURATION OF EVENT (including Set-Up & Clean-Up): FROM 10 AM/PM TO 7 AM/PM TOTAL HOURS 12.9
- 4) ROOM(S) BEING USED (if known): Main gym & Kitchen
- 5) NATURE OF EVENT: Baby Shower
- 6) ESTIMATED ATTENDANCE: Adults 60 Youth approx 15+
- 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.

Jennifer Smith  
Name & Title (if any) - Please Print

Jennifer Smith  
(Signature) (Date)

210 WASHINGTON AVEN #8  
Street Address

253-348-3222  
Phone: (Home) (Work)

Eatonville 98328  
Town Zip

crisider cafe 92 @ gmail.com  
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	\$ <u>150.00</u>	<u>6/18/14</u>	_____	_____	Yes
Rental Fee	\$ <u>30.00</u>	_____	_____	_____	No

Insurance Required: Yes / No  
Liquor Liability Insurance Required: Yes / No

Received by: \_\_\_\_\_  
Received by: \_\_\_\_\_

CATEGORY (Class 1, 2, 3 or 4) \_\_\_\_\_

# 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: Parrish Family 2) DATE OF EVENT: 7/12/2014  
 3) DURATION OF EVENT (including Set-Up & Clean-Up): FROM 1:00 AM/PM TO 4:00 AM/PM TOTAL HOURS \_\_\_\_\_  
 4) ROOM(S) BEING USED (if known): Celebration of Life - Martha Parrish  
 5) NATURE OF EVENT: Community Center  
 6) ESTIMATED ATTENDANCE: Adults 100 Youth \_\_\_\_\_  
 7) WILL LIQUOR BE SERVED? Yes / No 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.

Leelee Dunlap  
Name & Title (if any) - Please Print  
PO Box 200  
Street Address  
Munera WA 98355  
Town Zip

Leelee Dunlap 7/1/14  
(Signature) (Date)  
360492-3237 (Both)  
Phone (Home) (Work)  
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	\$ <u>15000</u>	<u>7/3/14</u>	_____	<u>LD</u>	_____ Yes
Rental Fee	\$ <u>12000</u>	<u>7/3/14</u>	_____	<u>LD</u>	_____ No

Insurance Required: Yes/ No Received by: \_\_\_\_\_  
 Liquor Liability Insurance Required: Yes/ No Received by: \_\_\_\_\_

CATEGORY (Class 1, 2, 3 or 4) \_\_\_\_\_