

# 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: CenterPoint      2) DATE OF EVENT: 12-31-14
- 3) DURATION OF EVENT (including Set-Up & Clean-Up): FROM 10 AM PM TO 12:30-1:00 AM PM TOTAL HOURS ~~5~~ 2 1/2 - 3hr
- 4) ROOM(S) BEING USED (if known): Large main room
- 5) NATURE OF EVENT: New Year's Eve Party (Family Friendly)
- 6) ESTIMATED ATTENDANCE: Adults 100 Youth 20
- 7) WILL LIQUOR BE SERVED? Yes  No  8) NAME OF EVENT SUPERVISOR Denise Anderson  
(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.

Denise Anderson  
Name & Title (if any) - Please Print

PO Box 900  
Street Address

Eatonville      98328  
Town                      Zip

[Signature]      12/2/14  
(Signature)                      (Date)

360 832-4253  
Phone: (Home) Centerpoint (Work)

denise A @ the centerpoint.org  
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) \_\_\_\_\_

# 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: Gail Elliott 2) DATE OF EVENT: 1-24-2014  
3) DURATION OF EVENT (including Set-Up & Clean-Up): FROM 2 AM/PM TO 5 AM/PM TOTAL HOURS 3  
4) ROOM(S) BEING USED (if known): Multi Purpose Room  
5) NATURE OF EVENT: Birthday Party  
6) ESTIMATED ATTENDANCE: Adults 50-100 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.

Gail Elliott  
Name & Title (if any) - Please Print

Gail Elliott 12-3-14  
(Signature) (Date)

PO Box 866  
Street Address

360-832-8049  
Phone: (Home) (Work)

Eatonville 98328  
Town Zip

gail.e.dale@aol.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 \$    | _____         | _____            | _____            | _____                 | _____ 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) \_\_\_\_\_