

**CHISAGO COUNTY SENIOR/COMMUNITY CENTER  
RENTAL AGREEMENT (Revised 1-1-2024)**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

EVENT \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

**RENTERS ARE ALLOWED IN THE BUILDING ONLY DURING RENTAL TIME**

**\$200.00 REFUNDABLE HOLDING FEE IS REQUIRED TO CONFIRM ANY ROOM. THE HOLDING FEE WILL BE REFUNDED IF EACH ROOM IS LEFT CLEAN, UNDAMAGED AND RULES ARE IN COMPLIANCE. DAMAGE TO ANY AREA OF THE FACILITY IS THE RESPONSIBILITY OF THE RENTEE. A VACUUM CLEANER AND MOPS ARE AVAILABLE FOR YOUR USE.**

DATE OF DEPOSIT \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_

\_\_\_\_\_ NON-PROFIT, NO CHARGE (501C3 # Required) \_\_\_\_\_

\_\_\_\_\_ ACTIVITY ROOM **\$100.00** (TABLES/CHAIRS FOR 32, MAXIMUM 60)

\_\_\_\_\_ CONFERENCE ROOM **\$50.00** (TABLES/CHAIRS FOR 16)

\_\_\_\_\_ DINING ROOM **\$150.00** (TABLES/CHAIRS FOR 72, MAXIMUM 120)

\_\_\_\_\_ NURSES ROOM **\$20.00**

**ROOM RENTAL PAYMENT MUST BE RECEIVED BEFORE THE KEY IS ISSUED  
THE KEY WILL BE ISSUED ONE DAY PRIOR TO THE EVENT.**

DATE OF PAYMENT \_\_\_\_\_ CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ KEY NAME \_\_\_\_\_

THE UNDERSIGNED RELEASES AND DISCHARGES THE CHISAGO COUNTY SENIOR/  
COMMUNITY CENTER FROM ANY CLAIMS RESULTING FROM OR ARISING OUT OF  
ANY INCIDENT WHILE USING THE FACILITY.

\_\_\_\_\_ I HAVE READ THE ABOVE CONDITIONS AND AGREE TO THE TERMS.

\_\_\_\_\_ I HAVE READ, SIGNED AND RECEIVED RULES DURING THE EVENT PAPERWORK

NAME \_\_\_\_\_ DATE \_\_\_\_\_ VOLUNTEER \_\_\_\_\_