



GAINES CHARTER TOWNSHIP
8555 Kalamazoo Ave., SE
Caledonia, MI 49316

COMMUNITY ROOM RENTAL AGREEMENT

(If completing by hand, please print)

APPLICANTS NAME: _____

GROUPS NAME: _____

ADDRESS: _____

MAIN CONTACT #: _____ ALTERNATE CONTACT #: _____

EMAIL ADDRESS: _____

EVENT DATE: _____ START TIME: _____ AM/PM END TIME: _____ AM/PM

NATURE OF EVENT: _____

SIZE OF GROUP: _____ ROOM(S) REQUESTED: _____ RENTAL FEE: _____ SECURITY DEPOSIT: _____

By signing this agreement I attest that I have been provided with and agree to abide by the Gaines Charter Township Community Room Rental Rules and Regulations.

Signature: _____ Date: _____

Print Name: _____ Event Date: _____

FOR OFFICE USE ONLY:

Date Application Received: _____ Date Applicant Notified of Approval/Denial: _____

Room(s) Assigned: _____ Date Deposit Rec'd: _____ Date full payment Rec'd: _____

Date Security Deposit Returned: _____ If **NOT** returned indicate why: _____

FREE PUBLIC WiFi Passcode: 000000001



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PRE- RENTAL CHECKLIST

Please use this checklist in ensure your rental experience goes as planned.

- Rental Application submitted
- Rental Agreement submitted (within 7 days of when rental approval received)
- Security Deposit and 25% of rental fee submitted (within 7 days of when rental approval received)
- Any remaining rental fee submitted (minimum of two weeks before rental date)
- Arrangements for pick-up of keys complete (if applicable)



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POST RENTAL CHECKLIST

Refund of security deposit will not be considered unless this post-rental checklist is completed.

- All lights are turned off
- All food/debris removed from chairs and tables
- All chairs and tables have been returned to original locations
- Audio/visual equipment:
 - Cords have been placed neatly in original position
 - Equipment has been turned off Check this box if audio/visual equipment was not used

- Kitchen:
 - All appliances have been cleaned (microwave/stove/coffee pot)
 - Any dishes used have been washed and returned to proper cabinet/drawer
 - All counters have been cleaned
 - Sink emptied and cleaned
 - Any food/beverages removed from refrigerator
 - Any garbage has been placed in dumpster in lower level parking lot Check this box if kitchen not used

Place this completed form and keys (if supplied) in the provided envelope and place on counter between stove and sink.

Print name of individual completing this form

Phone No.

Signature

Date