



Beachwood Community Center
 25225 Fairmount Blvd.
 Beachwood, Ohio 44122
 (216) 292-1492 (phone) (216) 595-3745 (fax)

BEACHWOOD COMMUNITY CENTER ROOM RENTAL CONTRACT

GROUP NAME/COMPANY: _____ DATE: _____
 CONTACT: _____ PHONE: (Cell) _____ (H/W) _____
 ADDRESS: _____ EMAIL: _____

ROOM	OCCUPANCY w/ TABLES AND CHAIRS	OCCUPANCY W/ CHAIRS ONLY	REGULAR HOURS	EXTENDED HOURS	w/KITCHEN
1. Fairmount	72	125	\$90 / hour	\$100 / hour	\$50 extra
2. Richmond	72	125	\$90 / hour	\$100 / hour	\$50 extra
3. COMBINED	144	250	\$100 / hour	\$125 / hour	\$75 extra
4. Beechwood *	48	75	\$50 / hour	\$60 / hour	\$30 extra
5. Chagrin *	56	75	\$50 / hour	\$60 / hour	\$30 extra
6. COMBINED	104	150	\$75 / hour	\$85 / hour	\$50 extra
7. Cedar *	20	35	\$30 / hour	\$45 / hour	\$20 extra
8. Green *	20	25	\$30 / hour	\$45 / hour	\$20 extra
9. COMBINED	40	60	\$60 / hour	\$60 / hour	\$30 extra
10. * 4, 5, 7, 8 ROOMS COMBINED	144	210	\$100 / hour	\$125 / hour	\$75 extra
Coffee/Hot Tea Service	\$13 per small pot (~13 cups)	\$26 per large pot (~26 cups)			
Security deposit	\$200				
Ice Complimentary					

Security Deposits:

A security deposit of **\$200** and all other applicable fees are due at time of booking. The cost of repairing any damage to the facility or its contents shall be charged directly to the permit holder. Such cost shall be charged against security deposit. Any cost over and above will be the responsibility of the permit holder. Any remaining deposit will be refunded approximately (30) days after the event. The City of Beachwood reserves the right to retain the security deposit (partial or entire) for any violation to the Beachwood Community Center Rules and /or Regulations.

DATE DESIRED: _____ TYPE OF EVENT: _____
 ROOM(S) DESIRED: _____

TIME IN: _____ AM or PM TIME OUT: _____ AM or PM TOTAL HOURS: _____
 (Includes Setup) (Includes Take Down)

NUMBER OF GUESTS: _____ RATIO: ADULTS TO CHILDREN: _____

KITCHEN (Please circle): YES or NO COFFEE (How Many Pots): _____ SM. (~13 cups) _____ LG. (~26 cups)

ENTERTAINMENT, LIVE BAND, SPEAKER, OTHER: _____

Please read and initial each of the following:

- _____ I understand that if I exceed the hours contracted, additional fees will be charged and loss of security deposit may occur.
- _____ A BEACHWOOD RESIDENT MUST BE PRESENT AT THE CENTER AND RESPONSIBLE FOR THE ABOVE RENTAL.
- _____ I understand there will be NO SMOKING, ALCOHOL, ILLEGAL DRUGS AND/OR WEAPONS brought onto City property.
- _____ I acknowledge that I have received/read the Beachwood Community Center Rules and Regulations. Should I violate any regulations/policies during my event, the City reserves the right to immediately terminate my function and no rental refunds will be issued including loss of my security deposit.
- _____ A pre/post-event walk through with renter and staff member is required (See security deposit information regarding damages occurring during rental).
- _____ Event can be rescheduled one time a minimum 30 days prior to event with no service charge. Additional date adjustments subject to a \$10 processing fee per date transfer.
- _____ Community Center Staff reserves the right to inspect all containers.
- _____ I understand an extra cleaning charge or loss of security deposit may be assessed post event if cleaning requirements are not met.

MAKE CHECKS PAYABLE TO: CITY OF BEACHWOOD.

Beachwood Business Rentals must be paid by company check or credit card.

I AGREE THAT THIS APPLICATION AND THE USE OF THE BEACHWOOD COMMUNITY CENTER IS SUBJECT TO THE RULES AND REGULATIONS ESTABLISHED BY THE CITY INCLUDING, BUT NOT LIMITED TO, THE PROVISIONS STATED IN PROVIDED PACKET. I CERTIFY THAT ALL OF THE INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND ACCURATE AND THAT I HAVE READ THE PROVISIONS AND ACKNOWLEDGED THAT I AM SUBJECT TO ALL THE PROVISIONS OF THE AFORESAID RULES AND REGULATIONS.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINT NAME: _____

A signature is required to process rental request

OFFICE USE ONLY	
2 FORMS FOR PROOF OF RESIDENCY: _____ Current Utility Bill _____ Current Drivers License or State ID with Address _____ Other _____	
ROOM AMOUNT: \$ _____	PAID BY: CASH _____ CHECK #: _____ CREDIT CARD: MC OR VISA
COFFEE AND/OR KITCHEN AMOUNT: \$ _____	
SECURITY DEPOSIT	\$200
ADDITIONAL SUPERVISION AMOUNT: \$ _____	
TOTAL AMOUNT:	\$ _____
CITY OF BEACHWOOD EMPLOYEE: _____	DATE: _____
APPROVED BY OFFICE: YES or NO _____	DATE: _____