



COMMUNITY CENTER RENTAL APPLICATION

Applicant must be 21 years of age or older and a Lawson Area Resident (within the boundaries of the Lawson RXIV School District).

DATE _____

RESPONSIBLE PARTY _____ MOBILE PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME OF ORGANIZATION _____ PHONE _____

DATE OF EVENT _____ TYPE OF EVENT _____

TIME OF EVENT FROM _____ TO _____
(PLEASE INCLUDE SET UP AND CLEAN UP TIME)

NUMBER OF PEOPLE _____ (MAXIMUM OCCUPANCY)

The undersigned agrees that they have received and read a copy of the Rules and Regulations. They agree that they will be responsible for any damages incurred in the Lawson Community Center and will accept the position of the "Responsible Party" as stated in Section 150.130.

The Responsible Party is to be at function for the entire duration of specified event and available by Mobile phone.

The Responsible Party agrees to allow City Employees access to the facility for the duration of event, to the extent deemed necessary by such employees in the circumstance.

Signature _____ Date _____

Total #Hours _____ Amount Collected _____ Receipt # _____