

**ST ROSE DEVELOPMENT CLUB
COMMUNITY BUILDING RENTAL AGREEMENT**

Renter's Name _____

Address _____

Telephone _____

Date & Time of Event _____

Type of Activity _____

Space Renting **ENTIRE BUILDING** or **SMALL MEETING ROOM & KITCHEN**

of people _____

INSURANCE REQUIREMENTS: Renter **must provide evidence of liability insurance at time of reservation.** If renter is an organization, a Certificate of insurance must be provided. If renter is an individual a copy of Homeowner's or Personal Liability Insurance policy must be provided.

50% Deposit required, plus \$100.00 clean up fee to reserve the building. (\$100.00 to be refunded after event per inspection). 10% of deposit will be kept if booking is canceled.

Deposit 50% of Rental Fee \$ _____

Clean-up Fee \$100 \$ _____ 100.00

Total Due within 10 days

to Hold Reservation \$ _____

Drinks cannot be ordered using the St. Rose Development Club License

As renter of the facility at St. Rose Community Building, the undersigned agrees to protect, indemnify and hold harmless SRDC from any and all loss, cost, damage or expense arising out of or from any accident or other occurrence on or about the premises, causing injury to any person or property; the undersigned further agrees to protect, indemnify and hold harmless SRDC from any and all claims, cost or expenses arising from any failure of the renter in any respect to comply with or perform all requirements or provision of this agreement, or of any applicable law or ordinance during the period of use.

Signed _____

Date _____

(Renter)

Send signed agreement to:rita@ezeeweb.com or mail with the deposit check to: Rita Jansen
17821 Terrace Dr., St. Rose, Il. 62230- MAKE CHECKS OUT TO SRDC.

Call 618-604-3588 Rita Jansen w/questions – St. Rose Development Club Rental Coordinator

Thank You

ST ROSE DEVELOPMENT CLUB COMMUNITY BUILDING CLEAN-UP CHECKLIST

MEETING ROOMS:

FLOOR SWEPT

TABLES & CHAIRS RETURNED TO ORIGINAL SETUP

LIGHTS OFF

AIR CONDITIONER SET TO **78** TEMP

HEAT SET TO **60** TEMP

KITCHEN:

COUNTER TOPS WIPED OFF

FLOOR SWEPT

REMOVE ANY FOOD BROUGHT FROM THE REFRIGERATOR

PLEASE PLACE TRASH IN OUTSIDE DUMPSTER

BATHROOMS:

TOILETS ARE FLUSHED

TRASH IS PICKED UP

FLOOR SWEPT

As renter of the facility at St. Rose Community Building, the undersigned agrees the building was left in the condition it was when originally rented. I am therefore requesting a full refund of my \$100 cleaning deposit.

Signed _____
(Renter)

Date _____