

**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.

NOTHING CAN BE ATTACHED TO DOORS, WALLS OR CEILINGS BY ANY MEANS

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	\$ _____
Extra Day for setup fee	\$ _____ 75.00
Clean-up Fee \$100	\$ _____ 100.00
Total Due within 10 days to Hold Reservation	\$ _____

Drinks could be ordered using the St. Rose Development Club License. Talk to Rita

ANY COOLERS BROUGHT INSIDE MUST STAY IN KITCHEN

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: ritajansen1975@gmail.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

**ST ROSE DEVELOPMENT CLUB
COMMUNITY BUILDING CLEAN-UP CHECKLIST**

Any decorations must be taken and disposed of! Nothing on walls or ceilings!

MEETING ROOMS:

FLOOR SWEPT

TABLES & CHAIRS RETURNED TO ORIGINAL SETUP

LIGHTS OFF - **LIGHTS STAY ON BY BAR AREA (3)**

AIR CONDITIONER SET TO **72** 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 (NEW TRASH BAGS UNDER SINK)

ALL DIRTY TOWELS AND WASHCLOTHS PUT IN SINK

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. Questions call Ralph Brueggmann – 806-6730 or 654-2642 or Rita Jansen 604-3588 – Please sign form and leave on counter or drop off at Rita's house.

RENTAL INCLUDES DAY OF EVENT ONLY (UNLESS NOTED DIFFERENT), KEY MUST RETURNED WITHIN 24 HOURS OF RENTAL. EVERYTHING NEEDS TO BE CLEANED BY 10:00 THE FOLLOWING DAY

Signed _____
(Renter)

Date _____