

APPLICATION FOR USE OF FACILITY

Paynesville Area Center
1105 W. Main St.
Paynesville, MN 56362
320-243-4799
pareacenter@gmail.com

Date of Application _____
Amount of Deposit _____ **Date paid** _____
\$\$ Per Hour _____ **TOTAL DUE** _____
Date of Full Payment _____

Sponsoring Organization if Applicable _____

Renter's Name _____ Home Phone _____

Address _____ Work Phone _____

Date _____

Time Begins _____ Time Ends _____

Room(s) to be Used _____

Type of Activity _____ Number attending _____

Special Requests

I realize that my personal home owners insurance will cover any accidents that occur because of my negligence while using the Paynesville Area Center.

Name of Insurance Company _____

Agent's Name _____

Renter's Signature _____

I hereby certify that I will observe all of the rules and regulations of the Board of Directors as a condition of the issuance of this permit. I understand that the permit for use of Paynesville Area Center's facilities may be cancelled if any of the rules are violated. If using the kitchen, it needs to be cleaned according to the rules that are located in the kitchen. I will follow the guidelines of the checklist that I have been given in cleaning the building. If the building is not left in satisfactory condition, part or all of my deposit may be kept.

Signature _____ Date _____

NOTE: If arrangements must be changed or cancelled, please contact the Area Center Office at 320-243-4799 at least 2 days in advance of scheduled time.