TOWN OF MEDICINE PARK RESIDENT EVENT CENTER RENTAL AGREEMENT 19001 Hwy 49, Medicine Park, OK 73557

1. PARTIES:	TOWN OF MEDICINE PARK ("Town")				
			("Rent	er")	
2. DATE(S):					
3. TIME OF EVEN	Г:АМ/РМ to	AM/PM			
PREP TIME	E:AM/PM to	AM/PM			
4. TYPE OF EVEN	Г:				
5. NUMBER OF AT	TENDEES EXPECTED: (L	imit of 150 for indoor	seatir	ng, 30 for ou	utdoor/patio seating)
Half Day	IDAY-SATURDAY-SUNDAY: \$285 (Maximum number of hours: 6.) \$550 (Maximum number of hours: 12.)				
Sound System Linen Rental Fe		Rental Fee Sound System Ren Linen Rental Refundable Deposit Cleaning Fee TOTA	\$ t \$ \$		_
TERMS FOR MO	NDAY THRU THURSDAY: \$40 per hour with	n a \$100 refundable d	eposit		
		# HrsX \$40 Linen Rental Sound System Ren Refundable Deposit Cleaning Fee	\$ tal \$ t \$	100.00	
	Hrs Decorate/Pre	ep # Hrs X \$20) = \$		
CLASSES OR WO	DRKSHOPS THAT ARE COMMUNITY-BASED	, MONDAY THRU FRID	DAY ON	ILY: \$40 per	r hour with a \$50 refundable deposit.
		# Hrs X \$40 Refundable Deposi Cleaning Fee	it \$		

For Refund of Deposit, premises must be returned to original condition and cleaned up according to specified instructions. May NOT remove curtains, pictures from walls, or hang any decorations on walls or ceilings with staples, thumbtacks, or tape. Any damage to walls, ceilings, or any part of building or furniture will result in forfeit of entire deposit.

TOTAL: \$_

7. PAYMENT: Payment to the Town is due at the time of signing this agreement. Check or Money Order should be payable to the Town of Medicine Park. Credit Card payment accepted at City Hall. (fees applied) Deposit must be paid to reserve date. Balance is due in full within 30 days of booking.

8. CANCELLATION POLICY: If booking is cancelled more than 30 days before scheduled event, \$75 will be retained to cover administrative costs. If booking is cancelled less than 30 days before scheduled event, \$150 will be retained to cover administrative costs and/or loss.

9. WAIVER OF CLAIMS: Renter agrees to waive all claims against the Town that may arise as a result of the use of the premises and will hold the Town harmless from any and all such claims.

AGREED:

RENTER:

	(Signature)	Date	
	(Print Name)		
Address:	City	State	_Zip
Phone: () Em	ail:		
TOWN:By:		Date	