## Please sign and return with your DEPOSIT and PAYMENT IN FULL to confirm your reservation.

Renter Name:		Today's	Date:						
Telephone:									
Email:				Resider	Residency:				
Address:		☐ Non-Resident							
					*Valid ID required with Willoughby Hills address				
				OFFICE USE: ☐ ID ☐ PAYMENT ☐ INIT. POLICIES ☐ LAYOUT					
*Please No	te: Renter liste	ed above <i>MUS</i>	<b>7</b> be present	for the entirety of	the event and	d is respor	nsible for t	he room.	
Date of Event	Start Time	End Time	Number of Guests (Max. 60)	Room Rate (6 hours)			Total		
				Mon-Thurs	Willoughby Hills Resident: \$150 Non-Resident: \$250				
Community Center Rental Hours				Fri-Sun	Willoughby	illoughby Hills Resident: \$200 Non-Resident: \$350			
Monday through Thursday: 9:00AM – 9:0 Friday & Saturday 9:00AM – 11:0				Additional hours			X \$40		
Sunday 9:00AM – 6				S	osit				
Willoughby Hills Community Center 35400 Chardon Road					Willoughby Hills Resident: \$400 Non-Resident: \$400			\$400.00	
Willoughby Hills, OH 44094				Total Due at Signing:					
Email: communitycenter@willoughbyhills-oh.gov Phone: (440) 975-3540				☐ Cash ☐ Check ☐ Money Order ☐ Credit Card					
		Make Check or Money Order payable to: City of Willoughby Hills							
				ou must be prepared ditional hours may l					
Event Type (i.e. b									
Welcome/Directional sign for guests:									
By signing this as Willoughby Hills, persons associate for damages to p  I have read and Center Rental R	all of its empted with use opersons or pro agree to all	oloyees, ager of this facility operty either of the above	nts, represer . By signing private or pu	ntatives for any i this agreement, ublic.	njury, illness the contract	or death holder as	to any pe ssumes fo	erson or ull liability	
Signature of ren	iter				Date:				
For more information, visit our website: www.whcommunitycenter.com						Resident	Only Rep	ass \$75.00 □	