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

Renter Name:					Today's [Date:				
Telephone:										
Email:					Residency:					
Address:					☐ Non-Resident					
							*Valid ID requ	uired with Will	oughby Hills address	
					Office Use: ID PAYMENT INIT. POLICIES LAYOUT					
*Please Note: Renter listed above MUST be present for the entirety of the event and is responsible for the room.										
Date of Event St	art Time	End Time	Number of Guests (Max. 160)		Roo	m Rate (6 ho	ours)		Total	
				Mon	Thurs	Willoughby	Hills Reside Non-Reside	ent: \$400 ent: \$600		
Community	s	Fri	-Sun	Willoughby	Hills Reside					
Monday through Thursday: 9:00AM -					Addit	ional hours:	NOII-I (eside	X \$55		
Friday & Saturday		9:00AM – 1	1:00PM 6:00PM	Security Deposit (no alcohol)						
Sunday		9:00AM –				Willoughby	Hills Reside			
Willoughby Hills Community Ce 35400 Chardon Road Willoughby Hills, C Email: communitycenter@willoughbyhills Phone: (440) 975-3540 Website: www.whcommunitycenter.c			ter		Security	Deposit (with		511t. \$400		
						Willoughby				
			-	S	ecuritv Gu	ard <i>required</i>	Non-Reside			
				4 hour minimum (\$200) (MUST be present while alcohol is served)						
Website: <u>www</u>	<u>unitycenter.co</u>	<u>m</u>	•		Sent while alco		ved) Time			
Make Check or Money Order payabl City of Willoughby Hills			e to:	4 ho reque						
					Addit	ional hours:		X \$45		
☐ Cash ☐ Check	dit Card	-	Total Due t	to Xcalibre Pi	rotective S	ervices:				
						Tot	tal Due:			
The six (6) hour rental rate <i>includes set up and clean up</i> . You must be prepared to vacate the premises at end time stated above, failure to do so will result in forfeiture of your security deposit. Additional hours may be purchased prior to event if necessary (see above).										
Event Type (i.e. birthda										
Welcome/Directiona	guests:									
By signing this agreement, the contract holder assumes full liability and shall forever hold harmless the City of Willoughby Hills, all of its employees, agents, representatives for any injury, illness or death to any person or persons associated with use of this facility. By signing this agreement, the contract holder assumes full liability for damages to persons or property either private or public.										
I have read and agree to all of the above, and to the terms of the attached Willoughby Hills Community Center Rental Rates and Policies.										
Signature of renter						Date:				