



**Occasional Facility Use Agreement
Dauphin Neighborhood Renewal Corporation**

Person/Group/Organization: _____

Mailing Address: _____

Purpose: _____

Contact Person: _____ Telephone: _____

E-mail: _____

Do You Have Insurance? Yes No

Date(s) and Time Required: _____

Room(s) Requested: _____ Number Attending: _____

Authorizing Person (print): _____ Signature: _____

REQUIREMENTS REQUEST

Tables: _____ Chairs: _____ Setup required: No Yes (Provide Plan)

Kitchen/Equipment Use: No Yes - provide details _____

Any other special requirements: _____

Location:	Morning/afternoon or evening	Morning&Afternoon Afternoon&Evening	All Day
Church Sanctuary	<input type="checkbox"/> \$300		
Auditorium	<input type="checkbox"/> \$110	<input type="checkbox"/> \$165	<input type="checkbox"/> \$220
Board Room	<input type="checkbox"/> \$20	<input type="checkbox"/> \$35	<input type="checkbox"/> \$40
Kitchen	<input type="checkbox"/> Flat Rate \$50/hr (reduced rates considered re: extended users)		

Total Usage Fee: _____ Date of Request: _____ Approved: _____

Full payment due at booking 100% refund if cancelled within 60 days of event
50% refund if cancelled less than 60 but more than 30 days
NO REFUND if cancelled less than 30 days from date of scheduled event
Cancellation must be in writing and receive