

FACILITY RENTAL APPLICATION

✓	Please indicate which facility		✓ Daily Rental Rate				SPECIAL OFFERS	Security Deposit
			Non-Profit		For Profit			
<input type="checkbox"/>	Johnson Center	509 Main Street	<input type="checkbox"/>	\$75	<input type="checkbox"/>	\$100	Rent 2 days/3 rd FREE HALF PRICE FOR TUES OR WED RENTAL	\$100
<input type="checkbox"/>	City Auditorium	807 Main Street	<input type="checkbox"/>	\$35	<input type="checkbox"/>	\$60		\$100

PLEASE FOLLOW THE "NO SMOKING" POLICY.

Applicant Name: _____

Mailing Address: _____ Phone Number: _____

DATE OF RESERVATION: _____ Type of Event: _____



Do you need any information put on the DIGITAL SIGN at the Johnson Center such as Happy Birthday, Happy Anniversary, etc? (Available for both Johnson Center & Auditorium)

- _____ I HAVE INSPECTED THE RENTAL FACILITY AND I FIND IT IN ACCEPTABLE CONDITION.
- _____ I HAVE INSPECTED THE RENTAL FACILITY AND I BELIEVE THE FOLLOWING FAULTS EXIST IN REGARD TO THE CLEANLINESS OF THE FACILITIES: _____
- _____ I DO NOT WISH TO INSPECT THE FACILITIES PRIOR TO RENTING.

THE PERSON SIGNING OR EMAILING THIS APPLICATION OR WHO PAID THE FEES, STATES THEY HAVE RECEIVED AND READ THE RULES AND REGULATIONS REGARDING THE RENTING OF A FACILITY FROM THE CITY OF ALMA AND UNDERSTAND AND AGREE TO BE PERSONALLY LIABLE FOR ANY AND ALL DAMAGES DONE BY ANYONE DURING THE USE OF THE FACILITIES.

Agreed: _____
(Signature of Applicant) (Date)

Signature not required if application is emailed. Email receipt and payment will be used as verification of agreement.

*****-----To be completed by Alma City Office-----*****

Johnson Center - Date _____ Auditorium - Date _____

Rental Fee paid: Date: _____ Check or Cash Receipt #: _____ Amount: \$ _____
Security Deposit paid: Date: _____ Check or Cash Receipt #: _____ Amount: \$ _____

Deposit returned: Yes date: _____ No If no, why is deposit being retained? _____

Additional Notes: _____

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