

GLENMORE COMMUNITY CENTER
5718 DICKINSON RD., DE PERE, WI 54115
920-864-2424

CONTACT: SHERRY NOWAK
3375 CREEKVIEW RD., DE PERE, WI 54115
920-655-3359

RENTAL CONTRACT

- 1) Complete the front of this form.
- 2) Make out 2 checks---each payable to the Town of Glenmore—one for the rental fee and one for the security deposit.
- 3) Include a self-addressed envelope for the return of the security deposit.
- 4) Return this form, the two checks and the self-addressed envelope to Sherry Nowak at the address above.

**CONTRACT, ENVELOPE AND TWO CHECKS ARE TO BE RETURNED
ON OR BEFORE _____ 20__**

DATE OF USE: _____ **FUNCTION:** _____

STARTING TIME(Including preparation) _____

FINISH TIME(Including clean-up) _____

Name of Renter _____ **Phone:** _____

Address: _____

RENTAL FEE: _____ **SECURITY DEPOSIT:** _____
(Make out two separate checks please)

No pets allowed unless they are assisting a handicapped or disabled owner.

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GLENMORE TAXPAYER ONLY

I hereby agree to take responsibility for the rental of the Glenmore Community Center. I understand that the rules and regulations set forth for this rental must be followed. Neither I nor anyone attending this function will hold the Town of Glenmore or officers or employees or any other persons affiliated with the Town of Glenmore responsible for any loss occurring at this facility or on this property.

I understand the rules governing the cleaning of this facility. I realize that part, or all of the security deposit will be withheld if the cleaning is not completed properly. I also agree to be sure any additional costs needed to restore the facility to its pre-rental condition are paid. If additional costs are not promptly paid, I agree that such costs may be added to my tax bill. I certify that I am 21 years of age and have liability insurance.

_____ Date _____
Glenmore Taxpayer Only

NOTE: Please read, sign and date the Release and Hold Harmless Agreement on the reverse.