

# Fletchall Hall

## RENTAL APPLICATION AND AGREEMENT

Organization Or Individual To Rent The Space

NAME
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### Contact Information

NAME		
EMAIL ADDRESS		
STREET ADDRESS		
CITY	STATE	ZIP
PRIMARY PHONE	SECONDARY PHONE	

### Event Details

NAME AND PURPOSE OF THE EVENT	
DATE REQUESTED	TIME REQUESTED

## Hall Use Needs

### Facilities Requested

Please check all that apply.

- Kitchen (add \$50)
- Meeting Room
- Tables
- Chairs

### Hours Requested

Please choose one.

- 0-2 hours (\$40)
- 2-4 hours (\$50)
- 4+ hours (\$100)

## Additional Information

A \$250 key-and-cleaning deposit is required to reserve the date of your rental. Toilets must be flushed before you leave, or an additional \$20 will be charged. Any damage incurred is the responsibility of the lessee.

Please call (541) 998-3981 to make arrangements for key pick up and return.

Payment must be made to the Scandinavian Festival Association at **P.O. Box 5 Junction City, OR 97448** within ten days of the reservation request. Please return one signed copy of this form with your payment and keep one copy for your records.

## Rules for Use of the Hall

1. The Hall is a smoke and vape free facility.
2. The Hall may be reserved for activities only between 9am and 12am (midnight).
3. The facility will be left in the condition in which it was found at the time of your arrival.
4. The Hall must be decorated and cleaned on the day of use unless special arrangements are made; please contact (541) 998-3981 to make these arrangements.
5. Cleaning must include the following:
  - a. All garbage to be taken to the dumpster
  - b. Garbage cans to be relined with provided bags
  - c. Floor to be swept
  - d. Tables and chairs to be returned to their places
  - e. Any dishes and kitchen appliances used to be cleaned and put away
  - f. All personal decorations and belongings to be removed
6. **Both doors must be locked before you leave the premises.**

## Rental Agreement

I have read and understand this rental agreement. I agree to abide by all the provisions set forth and included in this document. I agree and understand my financial obligations, and I understand that the

Scandinavian Festival Association has the right to retain part or all of my deposit if they find that I did not uphold the agreed-upon terms.

I agree to indemnify and hold harmless the Scandinavian Festival Association and their agents, officers, and employees from and against any claims of injury or damages of any kind or nature arising from or in connection with our use of the Hall and adjacent ways and premises.

SIGNATURE	
DATE	TOTAL AMOUNT PAID

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For Office Use Only

DPT REC	AMT	DATE	CHECK #
DPT RTN	PMT REC	DATE	CHECK #