



MACEDONIA COMMUNITY ROOM

9691 Valley View Road · Macedonia, OH 44056
(330)468-8300 ext. 423
www.macedonia.oh.us

RENTAL APPLICATION

NAME OF ORGANIZATION OR FAMILY: _____

PERSON RESPONSIBLE: _____ PHONE NO. : _____

ADDRESS: _____

DATE REQUIRED: _____ HOURS REQUIRED: _____ (AM/PM) TO: _____ (AM/PM)

NUMBER IN PARTY: _____ TYPE OF FUNCTION: _____

FOR OFFICE USE: DEPOSIT RECEIVED: \$100.00

CHECK NO./CASH _____ RECEIPT NO. : _____ DATE: _____

TOTAL HOURS OF RENTAL: _____ AT \$ _____ per hour = BALANCE DUE: \$ _____

PAYMENT OF RENTAL FEE: \$ _____ (balance due 30 days prior to reservation)

CHECK NO./CASH _____ RECEIPT NO. : _____ DATE: _____

COMMENTS: _____

In renting the Community Room, I understand that the City of Macedonia or its employees cannot be held responsible for any unforeseen accidents or injuries. Early arrival or late departure will result in forfeiture of deposit and/or possible denial of future rental. I have read all of the rules and guidelines and understand them.

Signature of Lessee

Date

White=File

Canary=Police

Pink=Finance

Goldenrod=Renter