



Town of Alpine

Mayor:
W. Kennis Lutz

Council Members:
David Jenkins
Don Jorgensen
Maretta Lanphear
Beau Taylor

Town of Alpine Civic Center Reservation Sheet

Please read and sign below for agreement of these rules:

Rules:

1. No equipment is to be taken out of the building (such as: tables, chairs, etc.).
2. No holes in the walls (such as: nails, tacks, staples, etc.).
3. Building is to be left clean inside and outside when your function is over (**Refer to cleanup sheet**).
4. Please report any problems and or damage, **immediately**, so that the Town can get it taken care of.
5. The Civic Center is a **SMOKE FREE** building and will remain that way.

The Civic Center will hold a maximum of 188 people (As per State Fire Marshall), anything over that is illegal and may be grounds for terminating your use of the building.

If we receive complaints due to excessive noise, we have the right to terminate your event. There will be **NO** Concerts (unless you provide your own security) nudity etc., allowed in the building.

All needed supplies, will be supplied by the individuals holding the event, (such as: dinnerware, utensils, hot plates, dish cloths & towels etc.) the Town of Alpine does not furnish any supplies.

We appreciate all your help in keeping the Civic Center available for rental use. If you have any questions or comments please feel free to call the Town office, at the number listed below, or stop by the office at any time.

Thank you,
Town of Alpine Staff

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ DATE & TIME TO RESERVE: _____

TYPE OF ACTIVITY: _____

PERSON RESPONSIBLE FOR CLEAN UP: _____ CONTACT NUMBER: _____

PLEASE NOTE:

If you rearrange or move items within the Civic Center, when you are done they need to be put back in their proper place.

I _____, have read and received a copy of the rental agreement package and will do the best of my ability do what is required in order to receive a full refund.

NAME: _____

DATE: _____

For office use only:

RENTAL AMOUNT: _____

DEPOSIT AMOUNT: _____

AMOUNT PAID: _____

AMOUNT PAID: _____

REFUND (IF ANY): _____

DATE OF REFUND: _____

DATE KEYS PICKED UP: _____

DATE KEYS RETURNED: _____