



Town of Alpine
Alpine Civic Center Furniture Rental Form

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ DATES TO RESERVE: _____

TYPE OF ACTIVITY: _____

LOCATION OF RENTED PROPERTY: _____

INSIDE INCORPORATED LIMITS:

Table - \$3.00 – Per Day:

Chairs - \$.75 – Per Day:

OUTSIDE INCORPORATED LIMITS:

Table - \$5.00 – Per Day:

Chairs - \$1.25 – Per Day:

MINIMUM - \$50.00 DEPOSIT FOR TABLES AND CHAIRS – Two checks are required, one for your deposit and one for the rental amount. The \$50.00 deposit check will be given back when the furniture is returned in good order.

RENTAL AMOUNT:

_____ Table(s): \$ _____ RENTAL AMOUNT: _____

_____ Chair(s): \$ _____ RENTAL AMOUNT: _____

TOTAL RENTAL AMOUNT: _____ DEPOSIT AMOUNT: _____

AMOUNT PAID: _____

DATE DEPOSIT RETURNED: _____ AMOUNT RETURNED: _____

I _____, have rented the above number of tables/chairs and agree to take full responsibility for any damage done to the above tables and/or chairs.

SIGNATURE: _____ DATE: _____