

# CITY OF BRONSON

PO BOX 54 505 CLAY ST.  
BRONSON, KS 66716  
PHONE: (620)939-4578, FAX: (620)939-4569

## BRONSON COMMUNITY BUILDING RENTAL AGREEMENT

Event Date(s) \_\_\_\_\_ Type of Event \_\_\_\_\_

Person in Charge \_\_\_\_\_ Phone \_\_\_\_\_

### RENTAL RATES

\_\_\_\_\_ Assembly Room \$45.00

\_\_\_\_\_ Assembly Room with Kitchen \$60.00

\_\_\_\_\_ Front Meeting Room \$30.00

**DEPOSIT** \$50.00 TOTAL \$ \_\_\_\_\_

Please pay rental fee and deposit in two separate checks – one check for rental fee and one check for security deposit. The security deposit check can be destroyed or returned to you the next business day following inspection of the building.

**Please select:** \_\_\_\_\_ **Destroy** \_\_\_\_\_ **Return**

Please initial each of the following as agreement.

\_\_\_\_\_ I agree that the City is not responsible or liable for any damages to property or persons arising from use of the rental of the building and its premises.

\_\_\_\_\_ I agree to hold the City harmless from any such damages and indemnify the City for any costs incurred there from.

\_\_\_\_\_ I agree that I have read the Bronson Community Building Rental Agreement in full and the Policies and General Information included.

\_\_\_\_\_ I agree that I will be personally and fully responsible for any damages that occur.

\_\_\_\_\_ I agree that I have received a copy of my Rental Agreement as well as the Policies and General information and given opportunity to review and ask any questions regarding such materials to which I agree to all the terms therein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE PRINT:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ DOB \_\_\_\_\_