

Fall Creek Township Rental Contract-Community Room

11595 Brooks School Road, Fishers, IN 46037 317-841-3180 (ph) 317-841-3191 (Fax) info@fallcreektwp.com (Email)

Smoke Free Facilities *Alcohol Prohibited on Property* *Fall Creek Township Reserves the Right to Void This Contract*

Renter agrees to be personally, and on behalf of the group/organization, responsible for any & all damages & to hold harmless Fall Creek Township & its elected officials & employees of any loss, injury or accompanying expenses to any person or their property, which occurred while Renter is in possession of the property. Ordinary wear and tear is excluded.

This agreement made this _____ day of _____, 20____, between _____, Renter & the Fall Creek Township

Trustee is made in anticipation of Renter's use of the COMMUNITY ROOM on (day(s) of week) _____,

re-occurring (if applicable: i.e., 1st & 3rd Tuesday) _____.

Renter shall have exclusive use of said room from _____ AM/PM to _____ AM/PM for the sole purpose

of _____. If applicable, this Contract ends on last date of meeting/event _____.

Single Event Date: _____

- **Monday – Thursday Evening Rentals:** 5:00 – 7:00 p.m. or 7:00 – 9:00 p.m. ONLY
- **Monday – Thursday DAYTIME Rentals:** Please contact our office for available times.
- **Friday – Sunday Rentals:** Please contact our office for available times.
- **Renters with required donations, please note:** **January** (Toilet Paper / Paper Towels) **April** (Cooking Supplies: oil, flour, sugar) **June** (School Supplies) **September** (Personal Care Items: Soap, Shampoo, Toothpaste) **November** (Toys for Tots Donations)

\$100 Refundable Deposit Due at the time of the contract completion along with rental fee for every contract completed. We ask that you write two separate checks and if the area is cleaned up according to the contract, our office will return the deposit check to you.

Name: _____

HOA: _____

Address: _____

HOA President's Email: _____

City, State, ZIP: _____

Management Company: _____

Email Address: _____

Phone: _____

Televisions available with basic cable, Free Wi-Fi (Log-in posted on the wall), Projector and Screen available upon request (in advance of rental date). Fall Creek Township Emergency Board Meetings take precedent over any scheduled contract.

Any problems after township office hours, please call the emergency number on the door. Please note that the Fire Department & Fishers Parks Dept. do not have access to the rooms and do not have the ability to unlock the doors. Please bring a copy of this contract to your event, this will allow entry should there be any maintenance issues with the door locks. Management Companies: Your HOA/POA President must have their own copy of this contract.

I have read and signed the Room Rental Cleaning Procedures and the form is attached: _____

Signature

I have read this contract and agree to the terms: _____

Signature

Office Use Only: Receipt Number _____ Deposit _____ Rental _____ 501(c) (3) Received _____

_____ Reminder Email or Telephone Call Sent to Renter Monies Received By: _____