

Meeting Room Rental Contract

| Resident Name: | | Address: | |
|---|--|---|--|
| Phone Number: | | Email Address: | |
| Date & Time of Event: | Event Type: | | Estimated Number of Guest: (Maximum Capacity: 50 persons) |
| All members must be in good stand is \$100.00 along with a separate \$5 | - | _ | _ |
| Weekday rentals of the building m All guests must leave the facility no 12:00 a.m. to clean the facility. | | | |
| The facility must be cleaned and se the drop box before leaving the pro | | an 12:00 a.m. – <u>The rer</u> | ntal key must be placed in |
| GENERAL RULES: | | | |
| Renter agrees to be present at the contained herein or otherwise related publications. (initial) | • | • | |
| 2. Alcohol is NOT permitted on the | premises; there a | re NO exceptions. | (initial) |
| 3. Smoking of any kind, including V will be made. This includes smoke r | | | |
| 4. The key ring must be returned wind not returned, a replacement fee of | - | · · · | |
| 5. Deposits will be returned by mail key ring is returned with all keys / k *Deposits may NOT be refu Additionally, renter agrees to reimb deposit fee which resulted during us | key card. Inded for violation Ourse the Associat Ise of the facility. | (s)of any of the condition the cost of any damed initial) | on of this agreement. ages or losses exceeding the |
| Renter agrees to indemnify, defe contractors for any bodily injury or rental facility. | | | - |



- 7. Renter may hire a private security guard at their own expense.
- *Please keep in mind, the Association does reserve the right to require private security for any event held by a resident under the age of 21 of which would be an additional expense to the renter.
- 8. No tape or fasteners of any kind permitted on the painted wall surface.
- 9. All Plants, Trees, and furniture must remain in the building at all times.
- 10. Cancellations must be given a minimum of 7 days before the event to receive a full refund.
- 11. If you have any questions or concerns regarding this contract, please submit all correspondence by email to: management@indianlakesassociation.com

I have read and agree to abide by all the rules and regulations of this contract. I acknowledge I have received a copy of this rental contract and I acknowledge that all information made by me are true and correct.

| Signature: | | | |
|--------------------|----------------------------|--|--|
| Date: | | | |
| Verification of II | D is required. Drivers Lic | ense # | |
| | | | |
| | | | |
| FOR OFFICE US | | | |
| Date Copy Prov | vided to the Renter: | | |
| Deposit: | Amount \$ | Date Paid: | |
| Rental Fee: | Amount \$ | Date Paid: | |
| Key Pick-up Da | ate: | | |
| Key Return Da | ate: | | |
| | | | |
| Special Provis | ions: | | |
| □ Ren | ter is required to obtai | n private security at their expense. | |
| П Ren | ter may start the week | day event prior to 5:00 p.m. – Start Time: | |