

**APPLICATION AND AGREEMENT AS TO USE OF
THE ELIZABETH TOWNSHIP COMMUNITY CENTER**

Date of Application _____ / _____ / _____

Name and Address of Responsible Party of Parties _____

Name and Address of Group _____

Contact Telephone Number(s) _____

Intended Use _____

Time: _____ - _____ Total Hrs: _____ Date Requested _____ / _____ / _____

Alternate Date _____ / _____ / _____ Room Requested _____

REQUEST APPROVED
By _____ On _____ / _____ / _____

FEES AND DEPOSITS ARE TO BE PAID TO "ELIZABETH TOWNSHIP"

Refundable Deposit _____

Received Cash _____ Check # _____ Money Order# _____

Date Paid _____ Receipt# _____ Received by _____

Usage Fee (Total Payment Due) _____

Received Cash _____ Check # _____ Money Order# _____

Date Paid _____ Receipt# _____ Received by _____

Inspected by _____ On _____ / _____ / _____

Deposit Return by _____ On _____ / _____ / _____

Refund Check Issued by Elizabeth Township Clerk (if applicable) On _____ / _____ / _____

ACKNOWLEDGEMENT, AGREEMENT, AND RELEASE

The undersigned, acting individually and for the renting group, acknowledge that he or she has been provided with a copy of the Rules of Regulations related to the use of the Elizabeth Township Community Center, and that the participants in the renting group's activity will comply fully with the same. Further, the undersigned, acting individually and for the renting group agrees to indemnify and to hold harmless Elizabeth Township Community Center, Elizabeth Township, Miami County, Ohio, and any agent, employee or officer of the same fro any liability or claim related to the proposed group use.

RESPONSIBLE PERSON

Date