


Roeland Park Community Center Facility Use Request

Room 6

Renter (responsible party) Last Name	First	Birth Date	Age	Phone Number ()
Additional Authorized Users (organization use only)				
Mailing address		City	State	Zip
E-mail address				
Rental Date	Rental Start Time	Rental End Time	Number Attending	
Extra Equipment:				
<input type="checkbox"/> 50-cup coffee maker (\$5)		<input type="checkbox"/> Podium		
<input type="checkbox"/> Portable dry-erase board with markers (\$5)		<input type="checkbox"/> Portable sound system with microphone (\$25)		
<input type="checkbox"/> Punch bowl with ladle (\$5)		<input type="checkbox"/> Television/DVD/VCR (\$10)		
PLEASE READ CAREFULLY AND INITIAL ALL STATEMENTS				
<input type="checkbox"/> I have read all the Roeland Park Community Center Rental Facility Guidelines and agree to abide by all policies including the refund policy.				
<input type="checkbox"/> I am aware I must not arrive earlier than my rental time noted on my Rental Contract.				
<input type="checkbox"/> I am aware that I must not exceed the rental end time and will be charged for any time myself or any member of my group has not vacated the Roeland Park Community Center.				
<input type="checkbox"/> I am aware that I am responsible for clean-up and I have reserved sufficient time for these tasks to be completed.				
<input type="checkbox"/> I am aware that I am responsible for my group and all guests, including children. Guests must stay within the rental space and children will be accompanied at all times.				
<input type="checkbox"/> I understand and agree to abide by the cancellation policy.				
<input type="checkbox"/> I understand and will abide by the clean-up guidelines on the facility use checklist.				
<input type="checkbox"/> I understand and agree to obey the rules regarding the serving of alcohol as set forth in the rental guidelines. The Roeland Park Community Center staff reserves the right to contact the Roeland Park Police Department if we do not obey these rules. Alcohol is not permitted in this room.				
<input type="checkbox"/> I am aware the security deposit and set up information are due four weeks prior to my event and understand additional fees may be applied if not received in time.				
Signature of Renter _____ Date _____				

Office Use Only

Residency:	Remaining Fees:	 JOHNSON COUNTY Park & Recreation District
<input type="checkbox"/> Roeland Park Resident	Amount due: _____	
<input type="checkbox"/> Johnson County Resident	Due date: _____	
<input type="checkbox"/> Non-Johnson County Resident	Date Paid: _____	