Roeland Park Community Center
Facility use request

Neighbor's Place Room

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:

- ☐ 50-cup coffee maker ($5)
- ☐ Portable dry-erase board with markers ($5)
- ☐ Punch bowl with ladle ($5)
- ☐ Podium
- ☐ Portable sound system with microphone ($25)
- ☐ Television/DVD/VCR ($10)

PLEASE READ CAREFULLY AND INITIAL ALL STATEMENTS

_____I have read all the Roeland Park Community Center Rental Facility Guidelines and agree to abide by all policies including the refund policy.

_____I am aware I must not arrive earlier than my rental time noted on my Rental Contract.

_____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.

_____I am aware that I am responsible for clean-up and I have reserved sufficient time for these tasks to be completed.

_____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.

_____I understand and agree to abide by the cancellation policy.

_____I understand and will abide by the clean-up guidelines on the rental check out form.

_____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.

_____I am aware the remaining fees 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:

- ☐ Roeland Park Resident
- ☐ Johnson County Resident
- ☐ Non-Johnson County Resident

Remaining Fees:

Amount due:_____

Due date:_____

Date Paid: _____

JOHNSON COUNTY
Park & Recreation District