

STINSON BEACH COMMUNITY CENTER, INC.

32 Belvedere Avenue • Post Office Box 158 • Stinson Beach, CA 94970
(415) 868-1444 • Fax (415) 868-1904

• Rental Agreement •

Date of Rental _____ Event Type _____

Renter's Name _____

Address _____ City/Zip _____

Space Rented _____ Caterer _____

Contact Person _____

Renter acknowledges that he/she has read the attached rules and regulations and agrees to be bound by them. Renter hereby waives all claims against SBCC for damage of goods, property and merchandise in, upon or about any cause arising in connection with renter's use of the Stinson Beach Community Center facilities. Renter agrees to hold the SBCC harmless from any damage or injury to any persons or to the goods, property and merchandise of any persons arising from the use of the premises by the renter or from failure of the renter to keep the premises in good condition or repair. Renter must provide a certificate of liability insurance for no less than \$1,000,000. Proof of insurance is due along with the final rental payment (both due 60 days prior to the event). The renter's application is subject to these conditions and the rules and regulations included herein. The application is approved and accepted as soon as the deposit is received. This contract is valid only upon receipt of the signed contract and inclusion of the assigned deposit amount. Please return the Community Center User form along with the contract and deposit.

Renter's Signature _____ Date _____

Record of Payment(s)

Weddings

Security, Loss & Damage Deposit	\$500	_____
Hall	\$2450	_____
Chapel	\$450	_____
Friday before reception (see note):	\$100	_____
Sunday after reception (see note):	\$100	_____

*The Friday and Sunday time slots are for event **setup and breakdown only**. Any activities other than setting up and/or breaking down during these times are in violation of this rental agreement.

Non-Weddings

Security, Loss and Damage Deposit	\$200	_____
Hourly rate (three hour minimum)	\$125/hr	_____

*An excess cleaning charge may apply.

SBCC Manager Signature _____ Date _____

Notes:

CC: SBCC Bookkeeper