

Posted to Calendar	_____
Floor Plan Received	_____
Door Code	_____
Partial Pmt	_____
Paid in Full	_____
Refund Request to Finance	_____
Refund Denied	_____

RENTAL CONTRACT
 City of Tahlequah - Armory Municipal Center
 100 N. Water Street
 Tahlequah, OK 74464
 (918) 456-0651, Ext. 257 - (918) 456-8935 Fax
 recreationsec@cityoftahlequah.com

Applicant Information:

Last Name: _____	First Name: _____
Organization and/or Name of Event (if applicable): _____	
Address: _____	City: _____ Zip: _____
Home Phone: () _____	Work Phone: () _____
Alt. Phone: () _____	Email: _____

Rental Function Information:

Group Type / Use: ___ Non-Profit ___ Profit
Room(s) Requested: Meetings / Events Hall: Rm 1 ___ Rm 2 ___ Rm 3 ___ Full Hall ___ Auditorium ___ Full Center ___ Kitchen ___
Type of Function: ___ Meeting ___ Fundraiser ___ Reception ___ Other (describe) _____
Date(s) Requested: ___ - ___ - Day of Week (circle): Sat Sun Mon Tues Wed Thurs Fri
Anticipated Attendance : _____
Hours of Use (includes setup & clean up): ___:___ a.m./p.m. to ___:___ a.m./p.m. TOTAL HRS = _____
Will alcohol be served? ___ No ___ Yes <i>(If Yes, renter responsible for applicable permits and licenses)</i>

Estimated Room Cost (see fee schedule):	\$ _____	<i>(Note: 1/2 of room cost to be paid upon application)</i>
Deposit :	\$ _____	
Additional Charges:	\$ _____	<i>(describe type and quantity)</i> _____
TOTAL DUE	\$ _____	
TOTAL RECEIVED	\$ _____	
BALANCE DUE	\$ _____	

The undersigned Applicant does hereby acknowledge to have received a copy of, and agrees to comply with, all rules and procedures set forth in the Armory Municipal Center Rental and Operating Policies. Applicant does further agree to be responsible for any damage to the facility occurring during and by this use, and agrees to be responsible for the conduct of all persons attending this function. Applicant further agrees that the City of Tahlequah, its officers and employees, shall not be responsible for any injury or loss incurred by persons or to personal property during or by this use, except as may arise from the sole willful act, omission or sole negligence of the City of Tahlequah, its officers or employees.

Signature of Applicant _____ Organization (if applicable) _____ Date _____
(Original and facsimile signatures shall be legally binding) Revised 7-1-13