

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

RENTAL CONTRACT – City of Tahlequah
BROOKSIDE CENTER
 124 North Brookside Avenue
 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
 Type of Function: ____ Meeting ____ Fundraiser ____ Reception ____ Other (describe) _____
 Date 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 (If Yes, renter responsible for applicable permits and licenses)

Rental Fees:

Estimated Room Cost (see fee schedule): \$ _____ (Note: ½ of room cost to be paid upon application)
 Deposit: \$ _____
 Additional Charges: \$ _____ (describe type and quantity) _____
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 Brookside 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)