

WALDPORT COMMUNITY/SENIOR CENTER

FEE SCHEDULE AND POLICIES

1. All use activities will be approved by the Center representative.
2. Minimum use reservations will be two (2) hours
3. Security/cleaning deposit and use payments must accompany application
4. Fee schedule:
 - A. \$7.50 per hour - Multipurpose Room for Senior Community Service, senior organizations, and non-profit organizations. Includes the use of one (1) additional appliance, either the dishwasher or the warming oven.
 - B. \$25.00 per hour - Rental by private and occasional use groups. Includes use of one (1) additional appliance, either the dishwasher or the warming oven.
 - C. \$25.00 per hour - ADDITIONAL to the above rates for full kitchen use.
 - D. \$25.00 per hour - Use of Barbecue. Grill cable and locks must be removed before use and replaced after cool-down period. Misplaced cables or locks will be deducted from Security/Cleaning fee.
 - E. \$100 - Security/Cleaning Fee*. Separate check. Damage and/or excess cleaning costs will be assessed at actual costs.

* Applications for long-term use will be reviewed at the end of three (3) months. At that time the cleaning deposit may be returned either in part or in full.

WALDPORT COMMUNITY/SENIOR CENTER

FACILITY USE REQUEST FORM

Name: _____
(Individual or Organization)

Responsible Party: _____ Phone: _____
(Name)

(Address)

(City, State, ZIP)

Use Dates Requested:

1. Date: _____, 2 _____ Day: _____ Hours: _____ To _____

2. Date: _____, 2 _____ Day: _____ Hours: _____ To _____

Activity: _____
_____ One time only _____ Weekly _____ Monthly

Estimated attendance: _____ (Please be advised the building fire capacity is 99)

Areas of use requested:

_____ Entire building _____ Kitchen _____ Multi-use room

I agree to the terms and policies as set forth on the attached sheet:

Signature: _____ Date _____

FOR CENTER USE ONLY

___ Approved ___ Disapproved ___ Deposit Received ___ Amount Withheld

Reason: _____

Amount Returned _____

Signature _____ Date _____
(Center Representative)

WALDPORT COMMUNITY/SENIOR CENTER

CLOSE UP CHECKLIST (TURN IN WHEN DONE)

Name: _____ Phone: _____
(Individual or Organization)

Address: _____

The following checklist must be completed by all individuals and/or groups using the Center.

Place a check indicating each item completed.

Forms are to be left at the Center with the key at the end of the use. Areas will be inspected and deposits returned upon approval.

The Center shall be left clean and furnishings rearranged to their condition prior to use. Should it be found necessary to either clean or repair the building facilities after any such use due to user negligence or vandalism, the user(s) shall reimburse the Center for all costs.

1. _____ Complete areas vacuumed.
2. _____ Vinyl areas swept & mopped.
3. _____ Chairs & tables stacked & returned to original location.
4. _____ Audio/video equipment stored.
5. _____ Restrooms cleaned & all trash removed.
6. _____ Kitchen - final check of stove, burners, oven, warmers, dishwasher, & counters.
7. _____ Trash removal & placed in outdoor receptacle.
8. _____ Janitorial supplies returned to proper location.
9. _____ All inside access doors locked.
10. _____ Lights turned off - kitchen, main room, halls, restrooms.
11. _____ All exit doors locked & checked from the outside.

Indicate any damage observed to the facility:

Prior to your activity: _____

Following your activity: _____

I verify that all above items that pertain to my use have been completed.

(Facility User) (Date) (Phone)

(Center Representative) (Date)