

GRAYLAND COMMUNITY HALL LEASE FORM

GRAYLAND COMMUNITY HALL
South Beach Parks & Recreation District
PO Box 483, Grayland, WA 98547

Call or Message: (360) 743-0556
for questions or more information
Hall Director: Kelly Redford (360) 743-0556

Please return one (1) copy signed of this page with your payment

Please make RENTAL checks payable to South Beach Parks & Rec. District
Make SECURITY DEPOSIT checks for \$300 payable to South Beach Parks & Rec. District
Send both checks and completed form to PO Box 483 Grayland WA 98547

FEE SCHEDULE:

REV2024v1

Security Deposit **\$300.00**

Maximum Refundable Amount: up to \$275. A service fee of \$25 is retained.

Hall must be cleaned as found for maximum refundable amount

Hall Rental PER DAY (9AM to Midnight) **\$300.00**

Hall Rental PER DAY - Non Profit Organizations \$225.00

Set up fee after 5pm only \$75.00

Meeting (2 hours or less) \$50.00

Additional Meeting Hours (each additional hour) \$25.00

Use of Kitchen for Meeting \$25.00

Tables (each) \$5.00

No Garbage Service. Any trash left will be billed at \$25 to \$50 and deducted from your \$300 deposit paid to SBPD

Outside Grounds ONLY (groups of 20 OR LESS) \$200.00

Outside Grounds ONLY - Non Profit Organizations \$175.00

Outside Site fee, space per day, no hookups \$30.00

Outside Site fee, space per day, with power hookup \$45.00

NOTE - No water or dump station at sites

Outdoor Restrooms per day \$30.00

Name _____ Phone _____

Address _____

Email _____

Name of Organization or Group _____

Date of EVENT _____ Date of Application _____

Proposed usage of the hall _____

Signature _____ Dated _____

By signing this document this acknowledges that I have read this document including the attached rental agreement with the terms & agreements of the contract.

Must be 21 years or older to sign contract/agreement & will assume responsibility for the rental of the hall, damages and guests.

Director Signature _____ Date _____

Deposit \$ _____ Check # _____ Rental \$ _____ Check # _____

Date of Deposit _____ Date _____

Date Deposit Returned _____ Amount Returned _____

A \$40 per check charge for each check(s) returned for NSF

A \$50 fee for cancelation will be taken from deposit after received.

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