



Ferguson Community Center

1050 Smith Ave.
Ferguson, MO 63135
(314) 521-4661

Rental Agreement

Today's Date _____ **Date of Requested Reservation** _____

Type of Meeting / Activity _____ Expected Number of Attendees _____

Time for event: Set up/Prep time _____ Activity Time _____ Leave Building _____

Please remember to schedule proper set-up times. This should be when your contact representative shows up.

Contact Person _____ Home Phone _____ Business Phone _____

Contact Address _____ City _____ State _____ Zip _____

I have read the facility rules and rental policies and will see that my group follows them. I realize that failure to follow the facility rules may result in expulsion and payment of damages to the City of Ferguson. I also understand that the City of Ferguson will not be held responsible for any accidents or injuries occurring to any members of the group while using the facilities.

Date _____ Signature of Responsible Party: _____

Facilities: Please write number of hours desired and equipment needed. Staff will fill in charge amount.

Room #1 # hours _____ Set up A, B or C _____

Room #2 # hours _____ Set up A, B or C _____

Room #3 # hours _____ Set up A, B or C _____

Room #4 # hours _____ Set up A, B or C _____

Room #5 # hours _____ Set up A, B or C _____

Ferguson Event Space # hours _____ Set up Diagram _____

A/V cart rental: yes / no A/V Cart #1 _____ A/V Cart #2 _____ Charge _____

Renter's pre-set-up: # minutes _____ Charge _____

Additional Participants Fee: # people _____ Charge _____

Total # of hour's _____ **Total Charge** _____

Date _____ Signature of Responsible Party: _____

Date _____ Signature of Recreation Staff: _____

For Office Use Only:

Security Deposit Paid _____ Room Set up Received _____ Policies and procedures signed _____

Rental Charges Signed _____ Rental Agreement Signed _____ All Documents Copied and Provided _____

Receipt #: _____ Supervisor: _____ Date: _____