

**CITY OF ASKOV  
ASKOV COMMUNITY CENTER  
APPLICATION & AGREEMENT**

Date of event: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Contact Person (if different): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Time of Event: from \_\_\_\_\_ to \_\_\_\_\_

I have reviewed the fees and rules for the use of the community policy that pertain to and govern to the use for which this agreement is made.

\_\_\_\_\_  
Signature of Renter

\_\_\_\_\_  
Date

Approved by:  
\_\_\_\_\_  
City Clerk and/or Deputy Clerk

**FOR OFFICE USE ONLY**

<b>Fees:</b>	<b>Room Rental</b> _____	\$ _____
	<b>Deposit ½ (at time of reservation)</b>	\$ _____
	<b>Damage Deposit (prior to event)</b>	\$ _____
	<b>TOTAL AMOUNT DUE (one week prior)</b>	\$ _____

**Date of Damage Deposit return:** \_\_\_\_\_

**Key Distribution #:** \_\_\_\_\_

**Date of Return Key:** \_\_\_\_\_