

City of Middletown Facility Agreement

Name of Authorized Person Renting Middletown City Owned Properties:

Phone: (Day): _____ (Evening): _____

Email: _____

Organization/Company: _____

Mailing Address: _____ Zip _____

Which facility? Sanctuary* \$300 Social Hall* \$400 Marcie Willhite Park* \$150
 Gazebo in Park \$150 per hour Use of restrooms inside the building in Wetherby Park - \$25 fee
**Community Center consists of Sanctuary, Social Hall, and Marcie Willhite Park. The sanctuary is currently accessible for the disabled. However, other areas of the Community Center are still being upgraded and are not yet fully accessible.*

Available Tables/Chairs: 10 - 60" Round Tables, 5 - 8ft Long Tables, 88 - White Chairs

Address: Community Center
11700 Main Street

Address: Gazebo/Wetherby
11803 Old Shelbyville Rd

Address: City Hall
11803 Old Shelbyville

Middletown City Hall Hours for key pick-up and return:
Monday - Friday 8:30 am - 5pm
(closed on holidays)

Non-profit rate half of the rental fee. EIN# _____

Full Payment of Rental Fee -
Due 2 weeks before the event.

Damage Deposit - Sanctuary \$300, Social Hall \$400, All Other \$200. Due at time of reservation to hold the date. Full payment is due 2 weeks before event.

Rental Date(s): _____ **Time:** _____ **Rental Amt:** _____

(need rental form for each area to rent (e.g. if Social Hall/Chapel are rented need two forms)

Purpose of use: (example: wedding, birthday party, anniversary party, reception, meeting: government, community, nonprofit organization - _____)

Make Checks Payable
to: City of Middletown -
No charge card payments

Mail to:
City of Middletown -
P.O. Box 43048 -
Middletown, KY 40253

Questions:
502-245-2762
Deanne McQuaide

I shall indemnify, defend and hold harmless the City of Middletown, its agents and employees from and against all claims, damages and losses and expenses including attorney's fees. I will also be responsible for abiding to all the policies and leaving the premises clean and all garbage picked up and put into trash containers.

Authorized Signature

Print Name

Date

Office use: Date Deposit Rec'd/Amt: _____ **Full Payment Date/Amt:** _____