

**CALLAWAY COMMUNITY CENTER RESERVATION**

**524 Beulah Avenue Callaway, FL 32404**

**Office: (850) 874-0031 / Fax: (850) 874-9977**

Date(s) of Event: \_\_\_\_\_

Organization Name: \_\_\_\_\_  
(for non-business use only)

Contact Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Time In: \_\_\_\_\_ Time out: \_\_\_\_\_

**CALLAWAY RESIDENT/NON-PROFIT GROUP CHARGES:**

Refundable Deposit: \$50 \_\_\_\_\_

Check or Money Order (circle one)

User Fee: Monday thru Thursday \$20.00 plus tax per day.	\$20.00
SALES TAX (6.7%)	<u>\$1.34</u>
	\$21.34 per day

Friday thru Sunday \$30.00 plus tax per	\$30.00
SALES TAX (6.7%)	<u>\$2.01</u>
	\$32.01 per day

I CERTIFY THAT I AM RENTING THIS BUILDING FOR USE BY ME, FOR A NON-BUSINESS USE AND I AM OR NOT A RESIDENT (circle one) OF THE CITY OF CALLAWAY.

I HAVE RECEIVED A COPY AND AGREE TO THE TERMS AND CONDITIONS FOR RENTAL OF THE CALLAWAY COMMUNITY CENTER. I AM 18 YEARS OF AGE OR OLDER AND I FULLY UNDERSTAND THAT NO ALCOHOLIC BEVERAGES OF ANY TYPE ARE ALLOWED IN THE BUILDING OR ON THE PREMISES, THAT I AM RESPONSIBLE FOR THE BUILDING AND EQUIPMENT THEREIN AND I WILL BE REQUIRED TO REIMBURSE THE CITY FOR ANY DAMAGE DONE. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF CALLAWAY FROM ANY DAMAGE, INJURY OR LOSS RESULTING FROM THE USE OF THE FACILITIES BY ME, THE GROUP, ASSOCIATION OR ORGANIZATION THAT I REPRESENT.

SIGNATURE: \_\_\_\_\_  
(Responsible Party)

**If you are printing this form from the online website, you must take this form to the Leisure Services Dept. to get approved for date(s) requested. Call the office for more information. Cancellations must be made 72 hours in advance prior to day of event.**