

REYNOLDS VOLUNTEER FIRE DEPARTMENT COMMUNITY
ROOM RENTAL RESERVATION

Date for Room Rental _____ Hours of Use _____

| | | |
|-------------------------------------|----------|-----------------------------|
| Rental of room \$50 (up to 6 hours) | \$ 50 | |
| Additional hours _____ @ \$10/hour | \$ _____ | |
| Kitchen use \$50 | \$ _____ | |
| Total of rental fees | \$ _____ | with \$50 check for deposit |

Number of people involved _____

Name of renter _____

Group name (if applicable) _____

Address _____ City _____ Zip _____

Phone # - Home _____ Cell _____ Work _____

Email address _____

Please sign below acknowledging that you understand that neither the Reynolds Volunteer Fire Department nor the RVFD Auxiliary assume any liability, expressed or otherwise, on account of the use of this facility and the premises surrounding it. Furthermore, you agree to abide by the regulations of use and assume the responsibility of rented facility and furnishings. The user shall be considered a licensee and have no rights except as those outlined in the regulations.

Signature of responsible person _____

Printed Name _____ Date _____

Please return this completed form with your checks.