Bay City Civic Center Contract

Bay City Civic Center 201 Seventh Street - Bay City, TX 77414

(979) 245-8333 / (800) 806-8333 / Fax (979) 245-1622

Today's Date:	Purpose of Rental:	Attenda	Attendance Expected:				
Your Name:	Business / Organization Name:						
Address:	Cit	y & State:	Zip:				
Home Phone:	Cell Phone:	Email: _					
Room(s) Requested:							
Date(s) Requested:		am/pmam/pmam/pm					
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	Deposit	Receipt #	Date Paid	Rent Fee	Receipt #	Date Paid
Room #						
Room #						
Alcohol		n/a				

_____All room diagrams are required no later than seven (7) days prior to the event. Any changes after the deadline are subject to a \$60 change fee.

_____ All rental fees must be paid in full thirty (30) days prior to the event.

_____I understand that I must have all of my guests and all equipment/decorations out of the facility at 1 a.m. I understand that failure to do so may cause forfeiture of my deposit.

_____I further understand that I may be held financially responsible for any damage caused by my failure to comply with the rules and regulations, in excess of my deposit.

_____I further agree to comply with the basic requirements and cleanup as listed in section 8 of the Civic Center Rules and Regulations.

_____I understand that I must arrange for security as listed in section 12 of the Civic Center Rules and Regulations.

_____I have read the rules and regulations that govern the Bay City Civic Center and I agree to comply with them. Signature of Rental Applicant

Signature of Civic Center Staff Person Booking Request___

All checks must be made payable to: The City of Bay City