

DATE \_\_\_\_\_

**PORT VINCENT COMMUNITY CENTER  
RENTAL AGREEMENT**

**Name of Renter** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Function to be held or Purpose of Rental**

\_\_\_\_\_

**Date of Rental** \_\_\_\_\_

**Hours of Rental** \_\_\_\_\_

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

**OFFICE USE**

**Number of hours rented** \_\_\_\_\_

**Deposit Paid** \_\_\_\_\_

**Rental Amount Due** \_\_\_\_\_

**Date Rental Paid** \_\_\_\_\_

**Condition of Facility before rental** \_\_\_\_\_

**Condition of Facility after rental** \_\_\_\_\_

**Refund Deposit :** YES \_\_\_\_\_ NO \_\_\_\_\_

**Date Refunded:** \_\_\_\_\_

**Office Signature** \_\_\_\_\_