



WILMOT COMMUNITY ASSOCIATION

Facility Use Form

Date Submitted _____
 Name/Group/Organization _____ WCA Member Non-Profit 501(c)
 Contact Persons (min. 2) Please provide information on becoming a WCA member
 Name _____ Phone _____ H; _____ W
 Name _____ Phone _____ H; _____ W
 Describe Activity _____ No. of participants _____
 Requested Date: _____ Schedule: _____

Setup Time		Cleanup start time	
Function start time		Finish Time	

Renter will include adequate time for setup and cleanup when determining the amount of time the facilities are rented.
 In all cases, Facility must be vacated by 11 PM.

<input checked="" type="checkbox"/>	Rental Rates Effective June 1, 2010	WCA Member and Non-Profit 501(c)		Non - Member	
		2 - 4 hours	5 - 8 hours	2 - 4 hours	5 - 8 hours
<input type="checkbox"/>	Function Room for Children's Party 3 hours max <input type="checkbox"/> 10AM <input type="checkbox"/> 1PM with use of Kitchen appliances	\$50 \$75	Not Available	\$75 \$100	Not Available
<input type="checkbox"/>	Function Room	\$100	\$150	\$150	\$225
<input type="checkbox"/>	Conference Room	\$35	\$60	\$50	\$75
<input type="checkbox"/>	Kitchen	\$45	\$45	\$45	\$45
<input type="checkbox"/>	Conference Room, Function Room and Kitchen	\$175	\$250	\$240	\$340
<input type="checkbox"/>	Weddings: Conference Room, Function Room, Kitchen and lower level bathroom for the entire day: 9AM - 11PM	\$350		\$450	
<input type="checkbox"/>	Classroom (June, July, August only) (price per classroom)	\$50	\$75	\$75	\$125
<input type="checkbox"/>	Tables and chairs set up	\$40	\$40	\$60	\$60
<input type="checkbox"/>	Tables and chairs put away	\$40	\$40	\$60	\$60
<input type="checkbox"/>	Dishes done	\$50	\$50	\$75	\$75
<input type="checkbox"/>	Timmy Patten Beach (WCA members only, use of picnic area)	Donation	Not Available	Not Available	Not Available

Special requirements addendum attached Copy of insurance coverage attached

RELEASE AND INDEMNIFICATION:

I/We _____ agree to indemnify and hold harmless the Wilmot Community Association (WCA), its members, officers, board members and employees from and against any and all losses, claims, damages, injuries, liabilities, actions, costs or expenses, joint and several to which the WCA may become subject (including any legal or other expenses reasonably incurred by it in connection with investigating any claim against it and any amounts paid in settlement or compromise) insofar as such losses, claims, damages, injuries, liabilities, actions, costs or expenses arise in connection with or are based upon (i) the negligence, recklessness or intentional conduct of user or user's guests, attendees, or other persons during the above agreed usage times; (ii) breach of any agreement of user hereunder; or (iii) failure of user or user's guests, attendees, or other persons to comply with the WCA's facility use policy. I/we also understand and agree that the WCA's Board of Directors has sole discretion in determining use of the above facilities and that I/We have read and will abide by the WCA's Facility Use Policy.

AUTHORIZED SIGNATURE _____ Date _____

By signing this document, I further certify that I have read and agree to abide by the WCA Facilities Use Policy.

Donation/Fee \$ _____ Full Payment Required by (date) _____ 30 days prior to event/function

WCA use only:

Date approved _____ WCA Authorization _____

Donation /Fee Status: 25% Deposit \$ _____ Rcvd _____ Balance Due \$ _____ Rcvd _____
 \$50 Damage Deposit \$ _____ Rcvd _____ Final Disposition _____

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 WEB SITE http://www.wilmotcommunityassoc.com