## Please sign and return with your DEPOSIT and PAYMENT IN FULL to confirm your reservation.

Renter Name:					Today's I	Date:		
Telephone:								
Email:					Residency: Willoughby Hills Resident*			s Resident*
Address:							☐ Non-Resident	
							*Valid ID required with W	• ,
							MENT INIT. POLIC	
*Please No	te: Renter liste	ed above MUS	l be present	for the e	ntirety of t	he event and	l is responsible for	the room.
Date of Event	Start Time	End Time	Number of Guests (Max. 160)			m Rate (6 ho		Total
				Mon	-Thurs		Hills Resident: \$400 Non-Resident: \$600	
Community Center Rental Hours				Fri	-Sun		Hills Resident: \$600 Non-Resident: \$800	
Monday throug	•				Addit	ional hours:	X \$55	
Friday & Saturo Sunday	ay	10:00AM – 1 10:00AM –			Security	y Deposit (no	· · · · · · · · · · · · · · · · · · ·	
							Hills Resident: \$400 Non-Resident: \$400	
Willoughby Hills Community Center 35400 Chardon Road   Willoughby Hills, OH 44094  Email: <a href="mailto:communitycenter@willoughbyhills-oh.gov">communitycenter@willoughbyhills-oh.gov</a> Phone: (440) 470-0881  Website: <a href="mailto:www.whcommunitycenter.com">www.whcommunitycenter.com</a>					Security	Deposit (with	·	
						Willoughby	Hills Resident: \$700 Non-Resident: \$700	
				Security Guard required with alcohol				
				4 hour minimum (\$180) (MUST be present while alcohol is served)				
				4 h		Start Time	End Time	
Make Check or Money Order payable to:  City of Willoughby Hills				reque	ested:			
				Additional hours: X \$45				
☐ Cash ☐ Check ☐ Money Order ☐ Credit Card					Total Due	to Xcalibre P	rotective Services:	
						Total Due:		
The six (6) hour rental rate <i>includes set up and clean up</i> . You must be prepared to vacate the premises at end time stated above, failure to do so will result in forfeiture of your security deposit. Additional hours may be purchased prior to event if necessary (see above).								
Event Type (i.e. bi	irthday, graduatio	n, etc.)						
Welcome/Directional sign for guests:								
use of this facility. either private or pu	loyees, agents By signing this ıblic.	s, representati s agreement, t	ves for any inj he contract ho	jury, illne older ass	ss or deat umes full	h to any pers liability for da	son or persons asso amages to persons	ociated with or property
I have read and agree to all of the above, and to the terms of the attached Willoughby Hills Community Center Rental Rates and Policies.								
Signature of ren	ter					Date:		
For more information, visit: www.whcommunitycenter.com						Resident	Only 4-hour Rep	ass \$100.00 □