

**City of Amity  
Community Center Rental Agreement**

City of Amity  
109 Maddox Avenue  
P.O. Box 159  
Amity, OR 97101  
Ph:503-835-3711  
Fax: 503-835-3780



Name or Organization/Business	
Address, City, State and Zip	
Requested Date(s)	Total No. of Consecutive Days
Hours Requested _____ to _____	Phone Number
Set Up/Assembly Date and Time	Break Down Date and Time
Describe how you would like to use the space	

**Rental Rates for Community Center**  
(Refundable Deposit of \$150.00)

In Town Residents

\$60.00 Day One  
\$40.00 Day Two  
\$15.00 Day Three

Out-of-Town Residents/Commercial

\$120.00 Day One  
\$80.00 Day Two  
\$30.00 Day Three

**CONSENT AND LIABILITY**

I hereby certify the foregoing statements to be true and correct, and agree to defend, indemnify and hold harmless the City of Amity, its City Council, officers, agents, employees and volunteers from and against any and all loss, claims, damages, liability, such claim or suit arising from or in any manner connected to the requested activity. I also agree, if approved, to comply with all agreement conditions, and understand that failure to comply with any condition, or any violation of law, may result in the immediate cancellation of the event, revocation of agreement, forfeiture of deposit, denial of future events, and administrative citation fines.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature Date

Deposit Received: _____, Receipt # _____ Type _____
Fee Received: _____, Receipt # _____ Type _____
Deposit Refund <input type="checkbox"/> Yes <input type="checkbox"/> No Ck #: _____ on _____

\_\_\_\_\_  
Approved By Date  
CITY OF AMITY