

CITY OF TOMBALL COMMUNITY CENTER

NON-PROFIT ORGANIZATION RESERVATION FORM

Rates: (2-Hour Minimum)	Weekdays	After 3:00 pm Friday
Banquet Room A	\$50.00/hr.	\$75.00/hr.
Room B	\$30.00/hr.	\$50.00/hr.
Room C	\$15.00/hr.	\$15.00/hr.
Kitchen: No charge in conjunction with rental of Room A.		
Refundable deposit:	\$250.00 for Room A	
	\$100.00 for Rooms B or C	

Organization _____

Contact person _____

Address _____ City _____ Zip _____

Telephone – Daytime () _____ Evening () _____

Alternate contact _____ Phone _____

Date requested _____ Time _____ to _____

Estimated attendance _____ Type of Function _____

Do you require chairs? _____ if yes, how many? _____ Tables? _____ if yes, how many? _____

Will you be bringing additional equipment? _____ If yes, please explain _____

Food will be served _____ Yes _____ No

Food will be catered _____ Yes _____ No

Alcohol or alcoholic beverages will be served _____ Yes _____ No (Please explain _____)

If yes, I received the *Guidelines for Use of Alcohol* and I understand that two (2) licensed officers will be required as security guards.

Quoted rate \$ _____ each officer per hour

Room fee _____

Food fee _____

Police fee _____

The above information is true to the best of my knowledge.

Total _____

Representative Signature Date Effective Date

THIS AREA FOR CENTER USE ONLY

Room Assigned _____ Date of Reservation _____

Rental Fee Paid \$ _____ Check# _____ Date _____

Deposit fee paid \$ _____ Check# _____ Date _____

Security paid \$ _____ Check # _____ Date arranged _____

Refund amount \$ _____ Check # _____ Reason _____

The area reserved was left in satisfactory _____ unsatisfactory _____ condition.

Center Representative