

CITY OF TOMBALL COMMUNITY CENTER

PRIVATE/FOR PROFIT FUNCTION RESERVATION FORM

Rates: (2-Hour Minimum)	Weekdays		After 3:00 pm Friday	
	Residents	Non-Residents	Residents	Non-Residents
Room A	\$75.00/hr.	\$100.00/hr.	\$100.00/hr.	\$125.00/hr.
Room B	\$50.00/hr.	\$75.00/hr.	\$75.00/hr.	\$100.00/hr.
Room C	\$20.00/hr.	\$30.00/hr.	\$ 50.00/hr.	\$75.00/hr.

Kitchen: No charge in conjunction with rental of Room A.
 Refundable deposit: \$250.00 for Banquet Room
 \$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