

KENT COMMUNITY HOUSE  
93 NORTH MAIN STREET  
KENT, CT 06757  
860-927-1828

CONTRACT - PLEASE PRINT

Date requested: \_\_\_\_\_

Event: From \_\_\_\_\_ AM-PM To \_\_\_\_\_ AM-PM

Reserved time: From \_\_\_\_\_ AM-PM To \_\_\_\_\_ AM-PM

Type of event:

Private party \_\_\_\_\_ Fund raising event \_\_\_\_\_ Meeting \_\_\_\_\_ Other \_\_\_\_\_  
If other than a private individual, please give name of group or organization:

# of people expected \_\_\_\_\_ # of tables needed \_\_\_\_\_ # of chairs \_\_\_\_\_

**Renting: Check the space needed:**

Upstairs Hall only \_\_\_\_\_ Downstairs Hall only \_\_\_\_\_ Whole building (this allows for kitchen use) \_\_\_\_\_

Name of Renter \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**I have read the rules, hold harmless agreement, and rates. My signature attests to my agreement.**

Signature of person responsible: \_\_\_\_\_

Mail this contract, the hold harmless agreement, and your security deposit to: Town of Kent, Attn: KCH Scheduler, P.O. Box 678, Kent, CT 06757. Make checks payable to: Town of Kent. Please send separate checks, note on each check whether it is for rental fee or security deposit. Keys may be picked at the Selectmen's Office, Town Hall (927-4627). Return the keys to the Community House's key drop box.

Date Deposit Received \_\_\_\_\_ Amount of Deposit \_\_\_\_\_ Check # \_\_\_\_\_

Date Rental Received \_\_\_\_\_ Amount of Rental \_\_\_\_\_ Check# \_\_\_\_\_

Date Deposit Returned \_\_\_\_\_ Amount of Refund \_\_\_\_\_ Released by: \_\_\_\_\_