

COLONIAL SQUARE HOMES  
2110 NE PARVIN ROAD  
KANSAS CITY, MO 64116  
816-452-6664

**AGREEMENT FOR CLUBROOM RENTAL**

Date of Reservation: \_\_\_\_\_ . Time of Reservation: \_\_\_\_\_ .

I, a member of Colonial Square Homes, Inc. hereby agree to the following rules and regulations to the use of Colonial Square Homes clubroom:

- A. To pay \$ 40.00 rental fee (\$ 20.00 for weekday evening unless it is a holiday or the office is closed, then, \$ 40.00 charge applies) and a separate check also made out to Colonial Square Homes in the amount of \$100.00 for deposit.
- B. To be responsible and pay for any and all damages, as established by the cooperative to the building; including chairs, tables, fixtures and the outside surrounding area.
- C. To be responsible for the cleaning of the clubroom following the activity, no later than 1:00 AM. The cleaning is to include: restroom, trash containers, sweeping and damp mopping floors, damp wipe off any tables used, and to fold up all tables and chairs used.
- D. **A minimum charge of \$50.00 will apply if maintenance has to clean clubroom.**
- E. Functions shall end at 12:00 PM with everything cleaned up and everyone off the premises by 1:00 AM.
- F. Renter is responsible to see that all guests remain inside and do not create a disturbance outside the building. Music must be kept at an acceptable noise level. When leaving, respect for surrounding members should be maintained.
- G. Parking by members and guests should be in the Office Parking and along the curb on east side of street. **No one shall occupy members numbered parking spaces.**
- H. There will be **NO SMOKING IN THE BUILDING.**
- I. All tape used will be removed from walls, tables, chairs and light fixtures.
- J. **CLUBROOM CAPACITY CANNOT EXCEED 100 PEOPLE BY ORDER OF THE FIRE MARSHALL OF KANSAS CITY MISSOURI CITY CODE # 25.114A**
- K. Cooperative reserves the right to refuse to rent the clubroom to members who have violated any of the above rules.

I understand that if I do not comply with the above mentioned cleaning requirements, that all and/or part of my deposit will be held. Any damages over the amount of the deposit will be assessed to my account.

Member's Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Date \_\_\_\_\_

Manager's Signature \_\_\_\_\_  
Date Deposit Paid \_\_\_\_\_ Check Number's \_\_\_\_\_

Manager's Report:

- 1. Were facilities left in acceptable condition? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. If above was answered No Describe: \_\_\_\_\_
- 3. Date deposit check returned \_\_\_\_\_
- 4. Amount of charge if any: \$ \_\_\_\_\_
- 5. Date charge was paid, if any: \_\_\_\_\_ Amount: \_\_\_\_\_

If no charges, deposit check will be mailed back within a week from reservation date.