The Copperopolis Community Center
Armory Rental Contract

TO RESERVE CONTACT BOARD MEMBER SIGRID KEHR

PHONE: 209-840-2260
mrkehr@caltel.com

ADDITIONAL BOARD MEMBER CONTACTS

LINDA BECK 209-985-1849 / CAROLYN LIPNICK 209-768-2296

ARMORY HALL

Large Hall, Small Meeting Area & Kitchen

RENTAL FEES

Armory Hall Rental $100* (6 am – Midnight)
Wedding Rental $350* (Friday 6 am – Clean-up by 6 am Sunday)
*A two week cancellation notice required for refund

RENTAL REQUIREMENTS

Completed Returned Rental Contract
Certificate of Insurance **IF SERVING ALCOHOL**
Rental Fee Payment
Cleaning-Damage Deposit

COPPEROPOLIS BASED

Non Profit / Service Organizations
OR Memorial Service by Board Approved Donation

PHYSICAL & MAILING ADDRESS

Physical (No Mail Delivery): 695 Main Street Copperopolis CA 95228
(O'Byrnes Ferry Rd) Next to Calaveras Internet)

Mailing Address: P. O. Box 4 Copperopolis, CA 95228

Cleaning - Damage deposit refund (General Use $150 Wedding $350) will be mailed or voided within seven (7) working days after your rental. Refunds are subject to deductions for damages and/or excessive cleaning, if required, as determined by the C.C.C. Board of Directors. If the deduction amount exceeds the deposit received, the applicant will be billed the balance, payable upon receipt. For a full refund, the Armory must be left in a clean, neat, orderly condition. A check list of requirements will be provided with a copy of this contract prior to receiving access codes. PLEASE READ THIS CHECK LIST BEFORE SIGNING THE RENTAL AGREEMENT. The cleanup checklist is also posted in the kitchen. Armory rental hours are from 9:00 a.m. until 12:00 a.m. (Including decorating and clean-up time).

All music and outside noise including loud voices must cease by 10:00 p.m.
NO tape, staples etc. that will cause damage to the floor, walls or Armory structure is permitted.

Certificate of Insurance: *(Assistance available)* **If alcohol is brought** onto the premises; you must comply with all Alcoholic Beverage Control, State and Federal Laws and add a liquor liability minimum coverage of $500,000 to the standard $500,000 rental insurance minimum certificate. **Indicate Copperopolis Community Center as "additional insured" on the certificate.** Please send your certificate of insurance a minimum of one week prior to your event**.**

KEEP THIS PAGE FOR REFERENCE

RENTAL CONTRACT APPLICATION

RETURN THIS PAGE WITH PAYMENT

APPLICANT NAME (Print) _____DATE(s) OF USE _____ /_____

NAME OF ORGANIZATION (If Applicable) _____

APPLICANT ADDRESS: _____

E-MAIL: _____

PHONE NO: _____ CELL PHONE _____

TYPE OF FUNCTION TO BE HELD: _____

NUMBER OF GUESTS: _____ (Max 200) START TIME(s) _____ END TIME (s) _____

To confirm your reservation, return this application completed with your check (s) in the proper amount with your certificate of insurance if serving alcohol naming **Copperopolis Community Center as Additional Insured**. Make checks payable to Copperopolis Community Center, mail to Copperopolis Community Center, P. 0. Box 4, Copperopolis, CA 95228 (One check for the rental fee and one for the cleaning / damage deposit is preferred)

Non Alcohol Event: PROOF OF INSURANCE WAIVER

(Initial if applicable) _____ I certify I will **NOT** be providing or allowing guests to provide alcohol during this event on Armory (Copperopolis Community Center) property.

HOLD HARMLESS AGREEMENT: The Copperopolis Community Center and Board Members assume no liability for any damages, destruction of personal property or injuries which may occur to any person attending this event. The event applicant assumes all responsibility for damages which may occur to the Copperopolis Community Center, its facility, and/or surrounding property caused by the actions or negligence of attendees. All persons associated with this event shall assume complete responsibility for their personal actions and any damage or loss of private property. As confirmed by the signature below, the event applicant has reviewed, understands and agrees to all provisions of this contract page 1 and 2 both in subject matter and in legal effect.

Signature of Applicant _____ **Date** _____

*If signature on payment checks (s) different from applicant:

Print Signatory Name _____Cell Phone _____

For Copperopolis Community Center Use only

Approved by _____ (CCC Board Member) Totals: Rental $ _____ Deposit $_____
All Documents & Payment Checks Received: _____ (Contract, Insurance Certificate Payments)
Date and Amount of Refund: _____/_____/20____ $_____ / OR Shredded Deposit Check _____