YMCA RENTAL CONTRACT

Name of person responsible:	
Name of organization:	
Address:	
Phone:(H)	(W)
Date of desired rental:Approved by:	
Facility or facilities needed: (gym), (pool), (slide), (b	alcony room)
Time of day rental will begin:	
Time of day rental will end:	
YMCA personnel to contact in case of emergency: Tom Danehy (812) 259-	1880 or
Lorrie Williams (812) 254-2419 or (812) 698-8088.	
 Supplies for sweeping and cleaning will be left in the balcony rouse. Please make sure trash bags are not leaking if removed from 	
2. Amount to be paid for rental of facility: (plus person in excess of 25). Deposit of \$25.00 to be paid before day Please pay with a separate check. Deposit will be mailed to you facilities are in acceptable condition.	of rental.
3. By signing this contract, I agree to leave the facility or facilities orderly condition in order to have my damage deposit returned t agree that if any structure or equipment is damaged, it will be th responsibility of the group, and will be directed to me on behalf to see that it is repaired or replaced.	o me. I also e
Person responsible for rental:	
Date:	