QUESTIONS:

call 316-799-2445 or email to: cityclerk@whitewaterks.gov



SUBMIT FORM TO:

the City Office or email to: cityclerk@whitewaterks.gov

SCOUT HOUSE RENTAL AGREEMENT FORM

CONTACT INFORMATION		
Name of Renter/Organization:		
Contact Person(s):		
Phone Number:		
Mailing Address:		(for reimbursement)
RENTAL DETAILS		
Date(s) of Rental:	Start Time:	End Time:
Purpose of Rental/Event Description:		Expected Attendance:
RENTAL FEES Rental Rate: \$25 Deposit Amount: \$25 (refundable if no dam Total Amount Due: \$50 Payment Method: □ Cash □ Check □ Cre	,	
Please read and initial each item: I will return the key to the city office I agree to leave the facility clean and I understand I am responsible for an I will ensure all activities comply with I will not exceed the maximum occup	d in good condition. by damages. In local laws and Sco pancy limit.	
LIABILITY The Scout House and its representatives a	re not liable for inju	ries or lost/stolen items.
SIGNATURES By signing below, I agree to the terms and	conditions of this re	ental agreement.
Renter's Signature:		Date:
Scout House Representative:		Date: