



HARRIS PARK METROPOLITAN DISTRICT (HPMD)
 2154 Shelton Drive, Bailey, CO 80421
www.harrisparkmetrodistrict.com
 303-816-7259

HARRIS PARK COMMUNITY CENTER RENTAL AGREEMENT

Today's Date: _____ Type of Event: _____

Date(s) of Event: _____ Number of guests expected: _____

Hours - From: _____ am /pm To: _____ am /pm

Description of what will be used in the building (appliances, supplies, etc.) _____

By signing below, I acknowledge that I am the "Responsible Party" and I agree to pay the fees associated with renting the Harris Park Community Center for my Event. I also understand that a \$25 fee will be assessed for any returned checks.

 Responsible Party – Signature

 Responsible Party – Printed Name

 Home Address

 Harris Park Address (if different than home)

 Home Phone and/or Cell Phone

 Work Phone

Fees:

HPMD RESIDENT

_____ \$50 Community Membership Fee (May 1 through April 30 of current year)
 (If previously paid, card # _____)

_____ \$75 All Day Rental _____ \$40 4-hour Rental

NON HPMD RESIDENT

_____ \$150 All Day Rental _____ \$100 4-hour Rental

_____ \$100 separate damage deposit included (if by check or cash, paid by credit card, include in total)
 Deposit will be returned/refunded upon inspection of Community Center after its use and a determination is made that no damage has occurred. If deposit is paid by credit card, a refund will be credited back to your credit card.

_____ I understand payment is due a minimum of 24 hours prior to my Event.

Paid by _____ cash _____ check # _____ _____ credit card *(complete credit card section on page 2).*



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HARRIS PARK COMMUNITY CENTER RENTAL AGREEMENT (continued)

No personal items or equipment will be stored at the HPMD Community Center, unless previously agreed with the HPMD Board of Directors.

Harris Park Metro District Representative Name

Phone Number

To reserve the Community Center, a completed and signed copy of this Rental Agreement, a signed User Agreement, along with the Fee Payment and Damage Deposit must be given to the Harris Park Representative or mailed to the above address.

Credit Card Payment

Name & Address on Credit Card: _____

Phone: _____

Card Type: V MC D AMEX Card # _____

Card Expiration (Month/Year): _____ 3 or 4 Digit Security Code: _____

Transaction Amount: _____ Community Center Rental

My signature on this form authorizes Harris Park Metropolitan District to charge my credit card a one-time charge in the amount stated above.

Signature: _____ Date: _____