

**WESTPHALIA TOWNSHIP HALL
RENTAL APPLICATION**

Effective _____, _____

WESTPHALIA TOWNSHIP HALL
13950 W. Pratt Road
P.O Box 429
Westphalia, MI 48894
Phone: (517) 587-3411 / Fax: (989) 587-3153

APPLICATION DATE: _____

APPLICANT/ORGANIZATION NAME: _____
ADDRESS: _____
HOME PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____

HALL TO BE USED FOR: _____
DATE OF RENTAL: _____

RENTAL FEE.....\$ _____ Paid _____ Check No. _____
TOTAL DUE.....\$ _____

IF MINORS ARE USING THE HALL, NAME OF SUPERVISORY ADULT: _____

The Applicant hereby accepts and agrees to comply with all policies, procedures, and terms of rental established in the Westphalia Township Hall Rental Policy. By signing this Application, the Applicant /Organization identified above agrees to indemnify and hold harmless Westphalia Township, its agents, employees, officers and representatives, from any and all suits, actions, claims, or demands of any character or nature arising out of or brought on account of any injuries or damages sustained by any person as a consequence or result of the use of the Township Hall, its furnishings or equipment by the Applicant/Organization or any person attending the Applicant/Organization's meeting. The Applicant/Organization also agrees to pay for any damage caused by its use of the Township Hall. If signing on behalf of an Organization, the person signing this Application agrees that he/she has authority to sign on behalf of the that Organization.

Name of responsible person _____

Signature of responsible person _____

Approved _____ Date _____

APPLICANT'S SIGNATURE

DATE
