



**City of Southmayd
Community Center
Reservation**

Reservation Date and Time: _____

Rental Time Period: _____

Type of Event: _____

Number of attendees: _____

Deposit: _____

Rental Fee: _____

Name: _____

Address: _____

Phone number: _____

I have read and agree to the terms and conditions for the rental of the Southmayd Community Center.

Signature: _____

Date: _____

Office Staff Signature: _____

Date: _____