

Saline Area Senior Center Building Rental Application

7190 N. Maple
Saline, Michigan 48176
734-429-9274

Today's date: _____

Requested date & day of rental _____

Time In _____ a.m./p.m. Time Out _____ a.m./p.m. (Include set-up/take down time)
(Fees are based on a **7-hour rental period Monday-Friday**. Additional hours will be billed at \$25.00 an hour, or any part of an hour. Weekend hours are available at \$30.00 an hour with a minimum of 4 hours.)

If event is open to the public (performance, meeting, etc.) list the actual event time if different than above.

Activity _____ Approximate number of people _____

Name of organization _____

Name _____ Phone _____

E-mail address (please provide for rental confirmation) _____

Address _____ City _____ State _____ Zip _____

Alternate contact person _____ Phone: _____

1. The Saline Area Senior Center reserves the right to grant or cancel rentals at any time.
2. Groups must enter and leave the room(s) at the times approved on the application.
3. **NO ALCOHOLIC BEVERAGES PERMITTED IN THE BUILDING OR ON THE PROPERTY.**
4. **SMOKING IS PROHIBITED IN ALL AREAS OF THE BUILDING AND ON THE PROPERTY.**
5. Reservations are to be made **one week** in advance, at which time a \$200.00 deposit is due. The deposit is not part of the rental fee and will be refunded if the building is left in the condition found. The deposit can be picked up during regular business hours, Monday through Friday 8 a.m. to 3:30 p.m.
6. If drinking/smoking is detected, it will result in loss of deposit, confiscation of items and future rental privileges. The person signing this application is held personally responsible for the proper use of the building and equipment and for the supervision of any minors with the group. The applicant is responsible for any rental fees, damages, custodial fees, etc. for this rental. The applicant must be at least 18 years old.
7. **Full rental fee is due at least 3 days prior to rental date.**

I have read both sides of this application and agree to all the rules and regulations.

Rental applicant's signature: _____ Date _____

Are you a 501(c)3 Non-Profit Organization? Yes No

OFFICE USE ONLY

Date Received _____ Deposit Received Approved By: _____

Saline Area Senior Citizen Center
Fee Schedule

The following fee schedule is for persons living within the Saline Area School District. A 50 % increase is added for those living outside the Saline Area School District. Saline Area Senior Citizens Center members receive a 5% discount.

<u>ROOM</u>	<u>FEE (in SAS district)</u>	<u>FEE (outside SAS)</u>
Great Room (31' X 58') _____	\$300	\$450
West Side of Great Room (34' X 29') _____	\$200	\$300
East Side of Great Room (34' X 29') _____	\$200	\$300
Craft Room (31' X 34') _____	\$200	\$300
West Side of Craft Room (31' X 17') _____	\$135	\$202
East Side of Craft Room (31' X 17') _____	\$135	\$202
Kitchen _____	\$100	\$150

Use of kitchen includes stove, oven & refrigerator only. Renter must bring all other needed equipment, supplies and utensils.

Payment type _____ Cash, Check, Credit Card (add 3% fee)

Deposit

A \$200 deposit is due when making reservations. The deposit will be refunded if the building is left in condition found with everything intact. Deposit can be picked up during regular business hours, Monday through Friday, 8:00 a.m. to 4:00 p.m.

Above fees are based on a 7 hour rental. Additional hours will be billed at an additional \$25 per hour, or any part of an hour. **ABSOLUTELY NO ALCOHOLIC BEVERAGES OR SMOKING ALLOWED.** If drinking/smoking is detected, it will result in loss of deposit and confiscation of items.

Once form is completed, you may drop off, mail or email the document to SASC.