

TOWN OF CHILHOWIE OLD HIGH SCHOOL RENTAL CONTRACT

Please read attached rental policies before completing this application

Name: _____ Home Telephone: _____

Address: _____ Work Telephone: _____

Area Requested: _____

Date Requested: _____

Time Requested: _____

Type of Activity: _____

Number to Attend: _____

Rental.....\$

Security Deposit.....\$

Total Charges \$

Date of Application: _____

Contact Person to Notify: _____

*****I have read and understand all of the rental policies of the Old High School facility.**

*****I understand that there will be no rentals when the Town of Chilhowie Business Office is closed for Holidays or on Sundays.**

*****I understand that the Security Deposit will be held up to five business days after an acceptable inspection of the premises.**

SIGNATURE _____

CONTACT PERSON _____ Date: _____

APPROVED BY THE TOWN MANAGER _____ Date _____

