



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Tri-County YMCA Facility Rental Agreement

Community Room #23 YMCA Members: \$15/hr Non-Facility Members: \$25/hr  
Community Room #26 YMCA Members: \$15/hr Non-Facility Members: \$25/hr  
Activity Center YMCA Members: \$20/hr Non-Facility Members: \$30/hr  
Program Gymnasium YMCA Members: \$60/hr Non-Facility Members: \$70/hr

Program Gym, Activity Center, & Community Room #23  
YMCA Members: \$80/hr or \$500/overnight  
Non-Facility Members: \$100/hr or \$600/overnight

Renter's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO Box City State Zip

Phone Number: \_\_\_\_\_ Renter's Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: Female Male

Organization/Group Name: \_\_\_\_\_

Date of Event: \_\_\_\_\_

### Area of Use:

- |   |  |
|---|--|
| <input type="checkbox"/> Community Room #23 | <input type="checkbox"/> Program Gymnasium, Activity Center,<br>& Community Room #23 |
| <input type="checkbox"/> Community Room #26 | <input type="checkbox"/> Hourly <input type="checkbox"/> Overnight                   |
| <input type="checkbox"/> Activity Center    |  |
| <input type="checkbox"/> Program Gymnasium  |  |

Time of Event: \_\_\_\_\_ Rate: \$ \_\_\_\_\_

Total Hours: \_\_\_\_\_ **TOTAL: \$** \_\_\_\_\_

Number of Participants: \_\_\_\_\_ Number of Adult Supervisors: \_\_\_\_\_

*By signing below, I have read and understand the rental agreement and responsibilities.*

User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YMCA Signature: \_\_\_\_\_ Date: \_\_\_\_\_