

The Wallace F. Watt Community Center (gym) sits just behind the Township Hall. The air-conditioned facility has a maximum occupancy of 125. The main floor of the gym is 40' x 60'. There are two basketball hoops (short court) and shuffleboard area. Rectangular tables (8') and metal folding chairs are available. The kitchen has a microwave, refrigerator, two stoves, commercial sink, garbage disposal, food prep area, and additional outlets. The facility, including restrooms, is handicap-accessible.

| Name and Address | | | |
|--|-------------|---------------------|--|
| Phone | Fι | unction Date | Group Size |
| Damage Deposit (refunded after rental on 1 st or 15 th) | \$150.00 Da | mage Deposit with a | Icohol (special permit and insurance required)\$300.00 |
| Partial Day (Sunday-Friday) | \$85.00 | 8am-4pm or 4pm-n | nidnight |
| Full Day (Saturday is always a full day) | \$210.00 | 8am-midnight | |

**If you are not a resident of Watertown Township there is an additional \$50 nonrefundable fee.

A deposit must be made at time reservation is made to hold the rental. Full payment of rental fee MUST be made at least 1 week proper to event. A reservation will not be considered final until payment is made in full. 2 weeks' notice must be given to receive a refund. A key to the gym must be picked up the open business day before the rental and returned immediately after rental in the township dropbox at the front of the township hall.

\$20 first hour and \$10 additional hour maximum 2 hours

I hereby agree to assume responsibility for all damage or liability of any kind and to save harmless and indemnify Watertown Charter Township from any liability, expense, or cost in connection with the use of Township facilities covered under this application.

I hereby agree to assume responsibility for any and all thefts of Watertown Charter Township property damage thereto, and to reimburse the Township based upon replacement cost for and such theft or damage within 30 days after such a theft or damage occurs. I also agree to abide by any and all COVID-19 related guidelines currently in place in the state of Michigan including but not limited to social distancing, limiting capacity, and masks if required.

I have read this application and the facility rates and rules, and if this application is approved, I do hereby agree to comply with all such conditions.

| Signature | | _Date |
|-------------|------------|-------|
| Amount Paid | Amount Due | |

Deposits will only be refunded to responsible renter above.

Hourly Rate-Sports Only