



Haines Meeting Room
Rental

Haines Meeting Room Rental Agreement

___ Resident ___ Non-Resident ___ Other

Organization: _____

Function: _____

Name: _____

Mailing Address: _____

Street Address: _____

Phone: _____ Person in Charge: _____

Email: _____

Reservation Request:

Date: (1st choice) _____ (2nd choice) _____ Time: _____

Approximate number of people: _____

Deposit enclosed: \$ _____ Balance of: \$ _____ due 48 hrs prior to event.

I have read and understand the attached rules of the Town of Mercer Community Center and agree to abide by them and assume full responsibility for any violations thereof.

Signed: _____ Date: _____

Title (if applicable): _____

Haines Meeting Room Fees

	Fee	Security Deposit (refundable)
Mercer Residents/ Organizations	\$50	0
Non-Residents/Organizations	\$80	0
Annual Membership for Mercer Non Profit Organizations	\$50	0