

LAGRANGE TOWNSHIP COMPLEX RENTAL AGREEMENT

I, _____ representing _____
(name) (family, group or organization)

for _____ hereby reserve the LAGRANGE COMPLEX
(event)

on _____
(date)

Event start time _____ Event ending time _____

RENTAL CHARGE: \$100.00 to township residents only to be returned with this form.

DEPOSIT: \$100.00 Will be returned after building inspection.

Note: No alcoholic beverages or are permitted. No smoking is allowed in the building. Maximum capacity 100.

I hereby declare that I have read and will comply with the Terms, Conditions, and General Regulations set forth in this Rental Contract. I also declare that no illegal activity will be conducted or permitted on the property during the designated hours.

I hereby set forth my signature as the individual responsible for all payments and activities for this event and will be responsible for any destruction or damage to the premises.

SIGNATURE: _____ GROUP: _____

ADDRESS _____

PHONE: (_____)

Please call 440-463-7035 (Vince Sigmund) For Building opening and closing

**Return this form with your check or money order only to -
LaGrange Township, 17400 Creekside St , LaGrange, Ohio 44050
Please follow state guidelines for social distancing and disinfecting. The hall will be
sanitized prior to your rental.**