

**Macomb Family YMCA  
& Mt. Clemens Community Center**  
*Building and Room Rental Application and Contract*

**Requested Date(s) for Rental:** \_\_\_\_\_

Day: *Monday Tuesday Wednesday Thursday Friday Saturday Sunday*

Time of Event:      Start Date: \_\_\_\_\_ am/pm      End Date: \_\_\_\_\_ am/pm

Set up Included:      Start Date: \_\_\_\_\_ am/pm      End Date: \_\_\_\_\_ am/pm

Type of Event/Reason for Rental: \_\_\_\_\_

Total Number of Participants: \_\_\_\_\_ Adults \_\_\_\_\_ Youth \_\_\_\_\_

Group Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Contacts Drivers License #: \_\_\_\_\_

Rooms Requested for Rental:

Set up Required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Needs/Requests/Other Information:

\_\_\_\_\_

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**Total Rental Fee Due:** \_\_\_\_\_ **Deposit Due:** \_\_\_\_\_

A 50% deposit is due to secure your request date. This deposit is nonrefundable. The remaining balance is due in full one week prior to the first scheduled rental date. Terms are null and void if balance is not paid in full before start date.

**Deposit Paid \$:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_

**Balance Paid \$:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_

I/we agree to pay any damages incurred to the facility or equipment by our groups as determined by the Executive Director or designated staff representative. The Macomb Family YMCA reserves the right to waive the contract or adjust pricing at anytime if needed. By signing I agree to the above statements.

Signature of Applicant: \_\_\_\_\_

Application Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Building Coverage Staff Person Scheduled: \_\_\_\_\_

Lifeguard(s) Scheduled & Time: \_\_\_\_\_