GREYBULL RECREATION DISTRICT

P.O. BOX 187***1ST AVE SOUTH GREYBULL, WY 82426 (307) 765-9575

Applicant's Name					
Applicant's Mailing Address					
Applicant's telephone Number(s) _	(H	l)	(W)	(N	Л)
Business organization's name					
Date(s) Requested	_ Time (includes setu	ıp/cleanup)	to	# Attending_	
Rental Price 2 Hrs. \$25	4 Hrs. \$50	6 Hrs. \$75_		Full Day \$100 _	
Kitchen UseYESI	NO If YES	add \$50 to Rent	al Price		
Cleaning Deposit: \$200 **The clean	ning deposit is fully ref	unded pending ap	proval of th	e building after us	se. **
Table and Chair Usage: Number of tak (Chairs and tables are included in the request. You will be responsible for se	rental fee. However, w	e are only able to	guarantee	the number of tab	les and chairs you
Key Checkout:					
Key Number/type	Date Checked out	<u> </u>	Date R	eturned	<u></u>
RULES AND REGULATI	ON FOR THE REN	TAL OF THE GR	REYBULL (COMMUNITY H	ALL
Refund Information: A refund, less 25% administrative of rental date. No refund will be issue FULL PAYMENT IS REQUIRE	ed after this time.	RESERVATIO	N!!! RESE		•
Organizations or person retaining the				missing or any d	amagee
The Community Hall shall be left in the down. Garbage shall be picked up. Th food and garbage must be taken out a and/or served and hereby acknowledg set by the state of Wyoming.	e same condition it was e floor shall be swept a nd appliances must be	received in. All band mopped follow cleaned. I/We ta	enches, tab wing the act ake full resp	oles, and chairs sh ivity. If the kitche onsibility for any f	nall be wiped en is used, all ood prepared
If the activity is for minors, chaperones	will be required. Smo	oking is prohibited	on the prop	perty.	
I/We do hereby release the Greybull R and suits of law or equity from any injuacknowledge that I have read and agree	ry, fatal of otherwise, v	while participating	in this activ	rity. By signing this	
SIGNAT	URE			DATE	
I HAVE RECEIVED A COPY (OF AND AGREE TO T	HE COMMUNITY	HALL USE	GUIDELINES	INITIAL:
For official use only:					
Deposit Date Deposit Deposit Return Date:	t Amount Initial:	Cash Che	eck #:		
Please attach a copy of the deposit slip(s) to t	his sheet. If someone write Please make note of multiple			ase indicate which file	has the check.