



Tioga Opportunities, Inc.
 Attn: Operations Manager
 9 Sheldon Guile Blvd.
 Owego, NY 13827
 Phone: 607-687-4222 Fax: 607-687-4147

**Countryside Community Center
 Rental Agreement**

www.tiogaopp.org

**To reserve a date(s), this form must be completed with a certificate of insurance attached and be paid in full.
 Checks made payable to Tioga Opportunities, Inc. (Returned check charge \$30.)**

Facility Rental Fees: A refundable damage fee may be charged as a part of the agreement and will be refunded 2-5 business days after the rental takes place, provided that the room is left in its original condition, and there has been no damage to the facility or contents. Serving alcohol is allowed at Tioga Opportunities, Inc. Countryside Community Center with proof of appropriate certification insurance rider.

Room	Dining Room		Kitchen	Conference Room		Front Room	
Status	Fee	Non-Profit	All Kitchen Rentals	Fee	Non-Profit	Fee	Non-Profit
Hourly Rental Fee	\$40	\$30	\$50 Hourly	\$25	\$20	\$25	\$20
Capacity	165			20		20	

Requested Room (s): _____

Amount Due: _____ Payment Method: Cash – Check – Credit Card
 (Credit Cards Accepted-Visa, MasterCard, Discover, American Express)

Requested Date(s): 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Recurrence

Recurrence Pattern: _____ (Example: 2nd Tuesday of each month until December)

Requested Time: From: _____ AM/PM To: _____ AM/PM

Group Name: _____

Contact Person: _____ Phone: _____

Address: _____ Email: _____

Purpose of Use: _____ Projected # of Attendees: _____

Insurance Policy Number: _____ (Please attach copy of certificate to back of agreement)

Insurance Agent: _____ Phone: _____

Agreement:

I, the undersigned, agree to follow all rules. I agree to replace or repair any property lost or damaged by our use. I agree to defend, indemnify and hold harmless Tioga Opportunities, Inc. from and against any personal injury or property damage, which may result from the use of these facilities. I will not hold Tioga Opportunities, Inc. responsible for any scheduling errors or omissions.

Contact/Responsible Party (print): _____ Date: _____

Contact/Responsible Party (signature): _____

Payment Received: _____ Date: _____ Employee Signature: _____