

BULVERDE SENIOR CENTER *dba*
BULVERDE SPRING BRANCH ACTIVITY CENTER
30280 COUGAR BEND or PO BOX 353
BULVERDE, TX 78163 – Phone 830-438-3111 Fax 830-438-3144

RESERVATION FORM

Event Date: _____ Time: _____ Set up – Clean up Time: _____

Room Reserved: Full Facility Other

Name of Lessee: _____

Non-Profit Organization Y or N Organization Name: _____

Tax ID# _____ Phone # _____ Cell# _____

Email: _____

Address: _____ City, State, Zip _____

Purpose of Event: _____

Number of attending guests: _____ Alcohol will be on premises: YES NO

**This is a no smoking facility. There is no smoking allowed in the building.

**Events with more than 100 guests requires one security officer be present. Two officers required if more than 150 guests. Any event with alcohol must have security present.

** Security required for one hour past “end” time to ensure clean up and lock up are handled responsibly.

**A copy of a valid Texas Driver’s License and a copy of lessee’s Homeowner’s Insurance Policy MUST be on file no less than 30 days prior to event date.

**No date will be held until full deposit received.

Lessee Initials _____

RENTAL CONTRACT

This lease is entered between the *Bulverde Senior Center* (BSC) and _____
_____ hereinafter called *lessee*.

Lessee agrees to rent the BSC building on _____ for the purpose of
_____ as listed on the Reservation Form.

Lessee agrees to pay the BSC the full rental fee no later than 30 days prior to the event.

Room Rental: \$ _____

Table Cloth Rental: _____ at \$10 each = \$ _____ Color: _____ Size: _____

Security: \$40 X _____ officer(s) X _____ hours = \$ _____
(4 hour minimum)

Sound System \$ _____

Total Rental Fee \$ _____

Lessee agrees to pay BSC the amount at the time of booking to hold the date agreed upon.

Total Deposit: \$ _____

The deposit will be returned to the lessee upon inspection of the premises by management by mail within two weeks of the event. Any damages and/or cleaning fees will be withheld.

Lessee agrees to the following rules:

**Lessee agrees to empty all trash cans and place filled trash bags in the trash receptacles outside.

**Remove any decorations, return all tables and chairs to proper location. Pick up any trash off the floors including the restroom and kitchen. Look outside for anything that may have been dropped. In other words....*leave the center in the same condition as before the event.*

Lessee Initials _____

RENTAL CONTRACT – continued – Page 2

** Sweep the floors, wipe down all tables in areas used as well as appliances, countertops, steam table and kitchen island if used.

**We are charged for excessive trash. If you exceed one outside receptacle, please take any excess with you.

If you must cancel your event –

60 days notice or greater – full deposit refunded

31-59 days notice – 75% of deposit refunded

30 days or less – no refund

Lessee agrees –

**To assume responsibility to obtain at his own expense, liability insurance for this event and contents insurance for any property placed in the premises during the rental period, if he so chooses.

*** The security officer reserves the right to shut down any event if he or she suspects the number of guests exceeds the amount stated in the contract or in any way becomes out of control.*

**Lessee, its agents, employees or invitees, will indemnify and hold the Bulverde Senior Center (and its officers and directors) harmless against any claims, demands, damages, costs and expenses, including reasonable attorney fees for defending claims and demands for personal injuries, property damages or any other losses arising from the use of the premises by Lessee, its agents, employees or invitees or from any breach on Lessee's part of any conditions of this lease or from any act of negligence of Lessee, its agents, employees or invitee in or about the premises.

**Any damage to the premises by any act of negligence of Lessee or Lessee's agent, employee, guests or anyone admitted to the premises by Lessee will be paid to the Bulverde Senior Center upon demand in such amount necessary to restore the premises to their previous condition.

**At all times the Bulverde Senior Center retains the right to control the management thereof and to enforce all necessary and proper rules for the management and operation of the Bulverde Senior Center building and that the management may enter the building at any time.

Lessee initials _____

RENTAL CONTRACT – continued – Page 3

Specific Provisions to the Rental Agreement

- ** The lessee is responsible for the actions of their guests. Children **must** be supervised.
- **No decorating with hay, rice, birdseed, confetti or the like – inside the building.
- **No tacks, nails or tape on the walls and nothing is to be hung from the ceiling
- **Use caution to avoid scratches to floor – carry, don't drag tables or chairs across the floor. Please leave skates, skateboards, chewing gum and cleated shoes outside.
- **Double check that all kitchen appliances are turned off including coffee pots, stove, oven and steam tables.
- ** Absolutely **NO SMOKING** in any part of the building. Outside only by the back porch where containers are placed for extinguished cigarettes. NO EXCEPTIONS PLEASE!!
- **Closing time for the Center will be midnight. However, time will be allowed after event to get the Center back in order.
- **The sale, charge or donation requested for liquor or set-ups by private organizations or individuals at any event is strictly prohibited. Lessee will comply with all Federal and State Laws concerning the possession and disposition of alcoholic beverages.
- **Tables, chairs or other furnishings will not be removed from the facility.
- **All inside lights turned off. Outside lights turned on.
- **Maximum occupancy is 290 for entire building per the Fire Marshall.
- ** Emergency phone numbers – Kim Kelley – 281.669.6612 or Jessica Rosario – 240-274-2194.
- ** Make sure all doors are securely locked and re-arm the security system.

I/Lessee, agree to abide by all stipulations of this Rental Contract as set forth by the Bulverde Senior Center DBA Bulverde Spring Branch Activity Center.

Lessee's Signature _____ Date: _____

Senior Center Representative _____ Date: _____

BUILDING RENTAL

USEFUL INFORMATION

RENTAL RATES AND DEPOSITS

Rental: Entire Facility \$400 for 4 hours, \$50 for each additional hour

Non-profit rate: \$200 for 4 hours, \$25 for each additional hour, must show proof of non-profit status

Deposit: Deposit is half the amount of the rental and will be returned after event if there is no damage or additional cleaning is needed and the facility key has been returned. Minimum deposit is \$200.

Monday – Thursday Evening Room Rates:

Rental: \$25 per hour. Deposit \$25. Deposit will be held until facility key is returned.

Sound System Usage

\$100

Tables, Chairs and Accessories:

12 – 5' Rounds that seat 8

25 – 6' Rectangles that seat 6

Table cloths – \$10 each

90" Rounds in White, Cream, Gray, Black, Cranberry

Fitted Spandex Rounds in Black

60 x 102" Rectangles in Cream

90 x 102" Squares in Black

Room Sizes:

Founders – 1860 sq ft

Kronkoski – 2500 sq ft

Kitchen – 520 sq ft

Activity Room #4 w/sink - 252 sq ft

Activity Room #6 – 348 sq ft

Online: Floor plan to return tables to proper location.

OFFICE CHECKLIST (For Office Use Only)

Date of Event _____ **Time** _____

Name _____ **Alarm Code** _____

Deposit Received \$ _____ Date Received _____

Method of Payment _____

Rental Fee Paid \$ _____ Date Received _____

Method of Payment _____

TDL or Other Identification _____

Home Owner's Insurance Company _____

Officer Scheduled Yes or NA

Payment Received \$ _____ Date Received _____

Method of Payment _____

Key picked up and alarm training date _____

Additional Information/Comments/Notes:

Key Returned: _____ Code Deleted: _____

Return Deposit Request completed: _____