

Laurel B. Johnson Community Center

For-Profit Use Contract

(Not sponsored by a Parks & Recreation District #1 Property Owner)

Date Requested _____ **Event** _____

Name _____

Home Address _____

Home Phone _____

Cell Phone _____

Email _____

Fee \$25.00 per day

Date Received _____ Cash ____ Check ____ # _____

Total Amount _____

I agree to leave the Community Center cleaned to the Jefferson County Health Department standards. I recognize that I do not have permission to use the kitchen. I understand that the manager will inspect the Center after the event. If there has been any damage to the facility or property, I agree to reimburse the Community Center for any necessary repairs.

Responsible Party Signature _____

Larry Robinson, Manager _____
Cell # 206-795-9278