

**Laurel B. Johnson Community Center**  
***Non-Profit Use Contract***

**Date Requested** \_\_\_\_\_ **Event** \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

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