

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 _____

Thane Grooms, Manager _____
Cell # 360-509-7750