

BENEFIT/FUND RAISER

City of Mason

DEPOSIT \$300.00

Community Building

Civic Center

Dance Slab

Name _____ Date of Function _____
(Requesting Benefit/Fund Raiser)

Phone # _____

Name of Recipient or Organization _____

Please attach a letter of waiver for rent explaining the need of this benefit/fund raiser.

*****RECIPIENT MUST RESIDE IN MASON COUNTY*****

Has the benefit recipient suffered a severe financial hardship due to medical or accident problems?

YES NO

Please describe financial hardship _____

1. Is the benefit host a non-profit agency or individual?
Name of agency or individual _____
2. Is ANY person, group, or agency (other than the benefit recipient) going to receive a financial profit?
YES NO
3. What is your relation to recipient? _____

Which extra day would you want? The day BEFORE (DECORATING) The day AFTER (CLEANING)

*******KEYS MUST BE PICKED UP BY 5:00 FRIDAY FOR WEEKEND EVENTS*******

ALL MUSIC, DANCING, AND DRINKING MUST END AT 1:00 A.M. AND EVERYONE MUST BE OUT OF BUILDING BY 1:30 A.M., OR DEPOSIT SHALL BE FORFEITED.

Renter Signature _____ Date _____ Approved By _____
(City Administrator)

INITIAL
HERE

I HAVE RECEIVED A COPY OF ALL RULES, SECURITY FORM (if needed) AND CLEANUP CHECK LIST FOR THE FACILITY
I AM REQUESTING.

Deposit Refund Check # _____ Picked Up By _____ Date _____