



*The Ledges Event Center*

Located at 202 East Park Road, Coalville, UT 84017

Application

**Applicant:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Organization (if applicable):** \_\_\_\_\_

**Mailing Address of Organization:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Room Requested (check all that apply):**

Multipurpose Room/Kitchen/Foyer  Outside Patios  Conference Room

**Date Requested (1<sup>st</sup> choice)** \_\_\_\_\_ **Time Requested:** From \_\_\_\_\_ To \_\_\_\_\_

**Date Requested (2nd choice)** \_\_\_\_\_ **Time Requested:** From \_\_\_\_\_ To \_\_\_\_\_

**Purpose of Use:**

\_\_\_\_\_  
\_\_\_\_\_

**Number of Anticipated Attendees:** \_\_\_\_\_

**Description of the schedule and agenda of the event:** \_\_\_\_\_

\_\_\_\_\_

**Description of equipment and furniture to be used:** \_\_\_\_\_

\_\_\_\_\_

**Special consideration or accommodations being requested:** \_\_\_\_\_

\_\_\_\_\_

**Applicants have the option to forfeit their cleaning deposit and have County staff clean the Center after your event. If you would like to forfeit your deposit, please check here:** \_\_\_\_\_



*The Ledges Event Center*

located at 202 East Park Road, Coalville, Utah 84017

*Rental agreement*

Today's Date: \_\_\_\_\_

Name of Authorized Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Mailing Address of Organization: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Set Up Time: \_\_\_\_\_ am pm    Event Starts: \_\_\_\_\_ am pm    Finish Time: \_\_\_\_\_ am pm

Purpose of the Event: \_\_\_\_\_

1. I hereby acknowledge that I have read and understood the "***Policy and Regulations for use of THE LEDGES EVENT CENTER***" (the "Policy") which by this reference is incorporated into this agreement by reference. I agree to abide by all terms set forth in the Policy.
2. Prior to or upon entering into this agreement, I agree to pay to the County the sum of \_\_\_\_\_ by credit card as outlined in the Summit County Fee Schedule.
3. Prior to or upon entering into this agreement, I agree to pay to the County four hundred dollars (\$400.00) as a cleaning deposit by credit card only. Subject to forfeiture provisions as outlined in the Policy, the County shall return the cleaning deposit to me within (30) days after the date of the event (above), unless I agreed in the Application to forfeit the cleaning deposit and have County staff clean the Center after its use.
4. In addition to the Policy, I agree to abide by any and all special terms and conditions, if applicable, as set forth in **Exhibit A** incorporated within this agreement by reference.

\_\_\_\_\_  
Authorized Agent

\_\_\_\_\_  
Date

**For Office Use Only**

Rental Approved: \_\_\_\_\_ (signature) Date approved: \_\_\_\_\_

Liability Insurance received:    \_\_\_ Yes    \_\_\_ Not Required    \_\_\_ if yes, dated received: \_\_\_\_\_

Rental Fee Paid:    \$ \_\_\_\_\_

Cleaning Deposit Fee Paid    \$ \_\_\_\_\_    Credit Card Approval Code: \_\_\_\_\_    Date: \_\_\_\_\_

Post Inspection completed: \_\_\_\_\_

Cleaning Deposit Refunded:    \_\_\_ Yes    \_\_\_ No (forfeited for County cleaning)    \_\_\_ No (forfeited due to damage)

