



**City of Bertha**  
**P.O. Box 65**  
**Bertha, MN 56437**

**218-924-4454**

**COMMUNITY CENTER RENTAL AGREEMENT**

To reserve the Bertha City Community Center, complete the rental agreement and pay the 25% rental deposit. The fee may be paid by either by cash or check made payable to the City of Bertha. **A damage deposit of \$125.00 for an event and \$50.00 for rummage sales is also required.**

This check shall be dated the day of your reservation and made payable to the City of Bertha. This will confirm your reservation for the rental date. Your damage deposit will be returned to you if the Community Center has been cleaned according to the rental agreement and there is no damage or missing equipment.

Please make sure you make arrangement prior to the event to pick up the key during office hours.

The renter agrees to see that after the use of the premise in all respect clean, and the tables and chairs are as you found them. All equipment used is washed in a sanitary fashion and put away. All garbage should be placed in containers provided by the city. See checklist hung in the community center.

Renter agrees to indemnify and save harmless the City of Bertha from any and all claims of any sort which may be asserted by any person during or by reason of the use of the premise herein granted.

**Rental Areas**

	<b>Residents of Bertha</b>	<b>Non-residents</b>
Kitchen/Area I or II	\$75.00	\$100.00
Kitchen/Area I & II	\$150.00	\$175.00
Area I or II	\$ 50.00	\$ 75.00
Area I & II	\$100.00	\$125.00
Will Intoxicating Beverage be served _____ Yes _____ No	Please provide proof of insurance if used	
Church Groups (Bake Sales)	\$15.00	
Non-Profit meeting	\$30.00	
Rummage Sale	\$50.00	
	\$50.00 Damage deposit of \$50.00	

*Please Print*

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date of Use \_\_\_\_\_

Event: \_\_\_\_\_ Hours of Use \_\_\_\_\_

Anybody doing a fundraiser are welcome to advertise on our city website.

For Office Use Only:

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ . Amount Received \_\_\_\_\_

Receipt # \_\_\_\_\_ Damage Deposit Check Received \_\_\_\_\_ Returned \_\_\_\_\_