



303 W. Main St., Kenedy, Texas 78119

Phone 830-583-2230 Fax 830-583-2063

MUNICIPAL AUDITORIUM RESERVATION FORM

Name/Event Name: _____

Reservation Date: _____

Reservation Time: _____

Deposit Refund To: _____

Address: _____

Contact Phone Number: _____

- **IMPORTANT:** This document must be kept as proof of reservation and if for any reason not available for review by City employees or Security, your event may be shut down and on hold until provided. Security must be present for all events where alcohol will be consumed.

(Contact the Police Department @ (830) 583-2225 for scheduling and fees)

AUDITORIUM FEES:

(Check all that apply)

- Deposit \$200.00 (charged to all reservations)
- Rent (4 hours @ \$25/hour) \$100.00 (minimum of 4 hours)
- Rent for Benefits (4 hours) \$ 50.00 (1/2 charge) Benefit: _____
- Rent (8 hours @ \$25/hour) \$200.00
- Rent for Benefits (8 hours) \$100.00 (1/2 charge) Benefit: _____
- Extra hours \$ 25.00 per hour
- Rent (All Day) \$250.00
- Rent for Benefits (All Day) \$125.00
- Security (necessary with alcohol consumption)
 - No
 - Yes
 - Name & Phone Number: _____

AUDITORIUM RULES & INFORMATION

- All debris resulting from your function should be cleaned up and thrown in dumpster located in alley and replace trash bags in cans.
 - All fees must be paid before using the Auditorium.
 - All parking rules will be observed.
 - Children should be supervised at all times.
 - Do not attach anything to the walls, ceiling, doors, tables, or chairs in the auditorium with nails, tack, wire, or any other means that might cause damage.
 - Drinking is allowed but it is up to the lessee to furnish and pay for an off-duty police officer for security and safety reasons. Contact the Police Department at (830) 583-2225 for fees and scheduling. If there is alcohol on the premise without security the following will apply:
1st offense – Verbal Warning, 2nd offense – Loss of Deposit, 3rd offense – Shut down event
 - Keep all exterior doors closed when possible. Noise from your party can affect the tranquility of the surrounding neighborhood.
 - Lessee will be responsible for any damages inside or outside the building.
 - Lock all doors.
 - No rice should be thrown in the building.
 - No smoking is allowed in City buildings.
 - Pick up the keys during business hours before your event. Failure to do so will result in an additional fee of \$50.00 inconvenience fee. Return keys within two (2) business days.
 - **All tables must be wiped and cleaned and the floors must be swept and mopped in its entirety.**
 - Tables and chairs must not be stood upon, dragged on the floor or taken out of the building. User sets up tables and chairs, cleans them and has to put them away.
 - There is no running, horseplay, or throwing of objects in the hallways. The lessee will be responsible on paying any charges for the repairing or replacement including labor for the employee.
 - There should be extra paper towels, toilet tissue, trash bags and cleaning supplies in the kitchen closet for your use.
 - Those leasing the auditorium will help enforce the rules.
- **IMPORTANT:** Leave the Auditorium clean for the next person's use. Your deposit refund depends on the condition of the facility after your event.

If you have any problems or need assistance please call:
City Hall: Monday – Friday (830) 583-2230
Sheriff's Office: Nights or Weekends (830) 780-3931

I (We), _____ have received and understand the Municipal Auditorium Fees and Rules and wish to reserve for the date and time specified above. Failure to comply with the rules will result in loss of the Deposit Refund.

Customer Signature

Date

OFFICE USE ONLY

Employee: _____ Date: _____

- **IMPORTANT:** Make sure form is completely filled out with receipts attached when turning in for Deposit Refund.
- Attach receipts to show fees are paid in full and provide copy of first two pages to customer.
- Do not issue keys until Security information is provided.
- Security Name & Number: _____
- Key issued to : _____ Key #: _____
- Key returned (circle one): YES OR NO
- Employee responsible for inspection: _____
- Deposit Refund (circle one): YES OR NO
- Reason for NO DEPOSIT REFUND: _____

ATTACH ALL RECEIPTS BELOW HERE

Date Entered: _____ Date Paid: _____

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