

**BATH COMMUNITY CENTER**  
5959 Park Lake Road, Bath, MI 48808

Capacity: 157

Date of Event: \_\_\_\_\_ Time: FROM: \_\_\_\_\_ A.M./P.M. TO: \_\_\_\_\_ A.M./P.M.

Rental Purpose: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

I have received a copy of the Bath Charter Township Facility Rental Policy. I agree to abide by all policies and rules as written. I also agree that I am responsible for all damages to or liable for the facility listed above for the duration of the rental period.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPOSIT - \$200.00**

RENT:	Resident	Non-Resident	Funeral <sup>1</sup>	Non-Profit
2 Hours:	\$50.00	\$75.00	\$50.00	No Charge
6 Hours:	\$150.00	\$175.00	\$50.00	No Charge
Full Day:	\$300.00	\$350.00	\$50.00	No Charge

501(c)3: \_\_\_\_\_

In-Kind or Community Related Donation – Explain: \_\_\_\_\_

<b>TOWNSHIP USE ONLY</b>			
DEPOSIT:	<input type="checkbox"/> \$200.00	PAID:	____/____/____
701-000-261			
RENT:	<input type="checkbox"/> \$50.00 <input type="checkbox"/> \$75.00 <input type="checkbox"/> \$150.00 <input type="checkbox"/> \$175.00 <input type="checkbox"/> \$300.00 <input type="checkbox"/> \$350.00 <input type="checkbox"/> Other: _____	PAID:	____/____/____
		KEY# _____	OUT: _____
101-000-667-002		RETURNED:	____/____/____
<input type="checkbox"/> Special Event Endorsement Required	ENDORSEMENT PROVIDED:		____/____/____
Township Signature:			Date:

<sup>1</sup> Decedent is to be interred in Pleasant Hill or Rose Cemetery, or decedent was a current resident of Bath Charter Township.

*Any such service organization which uses Township facilities free of charge shall still abide by all other requirements of the Facility Rental Policy including submitting a reservation/application form, providing a security deposit, and following the rules of the facility.*