

Dearborn Ice Skating Center Upper Level Contract

Date Requested: _____ Day Requested: _____ Time: _____

Name of person/organization: _____
(Must be 21 years of age to rent the room)

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Payment

Full payment is due 7 days prior to the rental date. The damage/security deposit will be refunded within two weeks of the event providing the room is left in *as good as or better condition than* it was at the start of the rental.

Main Room

Deposit: \$200.00

+ Rental Fee: _____

Total Due: _____

Due Date: _____

7 days prior to rental date!

Side Room

Deposit \$50.00

+ Rental Fee: _____

Total Due: _____

Due Date: _____

7 days prior to rental date!

- The Dearborn Ice Skating Center requires that the applicant be at least 21 years of age and either the applicant or a designee at least 21 years of age be present during the entire rental. The applicant will be held responsible for any damages that arise from hosting this event.
- The Dearborn Ice Skating Center expects responsible and appropriate behavior from those who utilize the facility or programs offered. D.I.S.C. management reserves the right to excuse any person who exhibits actions deemed inappropriate or terminate any rental that disrupts the D.I.S.C. or it's other activities, with no refund of rental fee or damage deposit.
- The room must be paid in full a minimum of two weeks prior to the date of the event.
- Rental groups are responsible for their own set up and general clean up, this must be included in the rental time. The clean up deposit will only be returned if the room is left in as good as or better condition than what it was at the start of your rental.
- I understand that the City of Dearborn Recreation Department and the D.I.S.C. are not responsible for lost, stolen or damaged articles. I will hold the City of Dearborn harmless from any liability arising out of this event. I hereby understand that the facility may only be used within the hours agreed upon and in a lawful purpose in accordance with the rules of the D.I.S.C.

Signature of Applicant: _____ Date: _____

All state or local licenses or permits necessary to hold the event are the responsibility of the group and must be obtained and displayed as required by law.

NO ALCOHOLIC BEVERAGES ALLOWED!

Clean Up/ Damage Deposit Release Form

Name of Person and/or Organization _____

Rental Date (s) _____

Type of Event _____

Room (s) Rented _____

Clean Up/ Damage Deposit to be refunded in full? Yes _____ **No** _____

If No, Describe in detail any and all problem areas _____

D.I.S.C. Representative

Date

Customer

Date