Gale Center Auditorium
Application for Facility

Name of Group	Description of Activity	
Date(s) of Requested Use	Time(s) Requested	Approx. Number of people Expected
Contact Person	Home Phone and Cell Phone	Payee for Returned Deposit
Address	Email Address	Address for Returned Deposit

City/Gale Center Contact: 801-254-3742

Application Agreement

I, the undersigned, signify that the information provided on this application is true and correct and hereby accept full responsibility for any damage to property or building. I have read, I understand, and I agree to all terms and policies within the "Gale Center Facility Use and Reservation Policy." I agree to indemnify and hold harmless South Jordan City and its officers, officials, employees and volunteers from and against all claims, damages, losses, and expenses including attorney fees arising out of the negligent act or omission of myself, any agent, anyone directly or indirectly by them or anyone of South Jordan City.

Date: _____/_____/_____ Signature of Requesting Party _____
(Must be 18 years of age or older.)

Date: _____/_____/_____Signature of South Jordan Staff _____

For Official Use Only

Fees based on □ **Residential** or □ **Non-Residential** rates. Reasoning/Notes: _____

_____

Classification	Amount Due	Amount Paid	Date Paid	Cash	Check	Receipt #	Initials	Deposit and/or Fee Return Requested
Security Deposit								
Rental Fee								
Other (Describe)								
TOTAL								