



Date of Event: _____

Time of Walk Through: _____

**City of Borger
Cofield Community Center
Rental Application**

Name: _____

DL#: _____

Address: _____ **City:** _____ **Zip Code:** _____

Telephone: _____ **Cell Phone:** _____

Date Requested: _____ **Time:** _____

Purpose of Use: _____

Total Expected Attendance: _____

Will Alcohol be Consumed: _____

Rental Fee: _____ **Security Deposit:** _____ **Alcohol Permit:** _____

I _____ hereby accept full responsibility for the Cofield Community Building during the dates and times requested above. I agree to keep the facility in a clean and orderly manner during my use and to leave the facility free of damage after my departure. Furthermore, I understand that the City of Borger may retain part or my entire security deposit and/or alcohol permit and in some cases may exceed the deposit amount for costs related to the cleaning and repair of the facility.

I _____ received a copy of the rules and policies of the Cofield facility.

Signature: _____ **Date:** _____

Taken by: _____