

ODESSA CHAMBER OF COMMERCE

BEER GARDEN BENCHES AND TABLE RENTAL(LOAN)

To borrow the following items from the Odessa Chamber of Commerce, first call Laura Estes, 509-988-0942 or Paige Smith 206-369-3072 to make sure the items are available for the time you want. Then fill out the following information and mail it along with the damage deposit check of \$100.00 in the attached envelope addressed to: **Odessa Chamber of Commerce, P.O. Box 355, Odessa WA, 99159**

This AGREEMENT, made and entered this _____ day of _____ 20____ between THE ODESSA CHAMBER OF COMMERCE and _____, the renter. The ODESSA CHAMBER OF COMMERCE does hereby rent(loan):

Date of event _____ and location _____

Pick up date: _____ Return date _____

Check all that apply:

- | | |
|---|---------------------|
| <input type="checkbox"/> Black Beer Garden Tables | Number Needed _____ |
| <input type="checkbox"/> Black Beer Garden Benches | Number Needed _____ |
| <input type="checkbox"/> Metal Folding Chairs | Number Needed _____ |
| <input type="checkbox"/> Other items at chamber discretion: _____ | |

Renter (borrower) assumes all responsibility for the safe use of the above items and their prompt return to The Odessa Community Center and properly stored, and agrees to hold the Odessa Chamber of Commerce and the Town of Odessa harmless from any and all claims arising out of the use of the above items.

Renter (borrower) agrees to return the above items in good condition, clean and any repairs necessary completed by the above return date. Feet of chairs used on outdoor surfaces must be wiped clean before return.

Damage Deposit required is \$100.00 to hold dates. Check made out to **Odessa Chamber of Commerce** and mailed to: **P.O. Box 355, Odessa WA, 99159**, will be held and returned to you after inspection of returned items is completed by Laura Estes or Paige Smith.

Renter (borrower) signature: _____ Date _____

Renter(borrower) print Name _____ Purpose _____

Mailing Address _____ City _____ Zip _____

Phone _____ Cell _____

Please keep a copy for your records.

Office Use Only: Inspection completed by _____ Date _____