



# Crosswicks Community House Rental Agreement

Our mailing address - **CCA PO Box 128, Crosswicks NJ 08515**  
Completed form can also be returned by email: **crosswickshouse@gmail.com**

**RENTER:** your name / organization \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Date of Event \_\_\_\_\_ Time \_\_\_\_\_ Access Time Needed \_\_\_\_\_

Description of Event \_\_\_\_\_

Phone # \_\_\_\_\_ Text ok? \_\_\_\_\_

**Email address:** \_\_\_\_\_

**For rates see [website](#)** WHOLE BUILDING: \$ \_\_\_\_\_ DOWNSTAIRS ONLY \$ \_\_\_\_\_

SECURITY DEPOSIT: \$200 + payment = \$ \_\_\_\_\_ **Total ( 2 checks )**

**Make checks payable to CCA** –to hold reservation Payment is due 3 weeks prior to the event.  
\$200 Security deposit is by separate check which will be returned after inspection of building.

**Forfeiture of deposit may occur in the event of damage or violation of alcohol policy.**

- Event must conclude by 12 o'clock am.
- All **music must be turned off by 11 pm**, out of consideration for our neighbors.
- Excessive noise could result in loss of deposit and /or denial of future events.
- Rental includes the building, play area and basketball court.
- Guests must not drive or park on grass** surrounding the Community House.
- NO SMOKING is allowed inside the Community House. (Butt can provided outside)
- Building capacity is approximately 80/90 persons per floor. ( Depends on Set-up )

•**No ALCOHOLIC BEVERAGES are to be served .....unless arrangements are made with the CCA regarding required liquor liability insurance for your event. ( See Addendum document )**

### \*\*\* CLEANUP CHECKLIST \*\*\*

- Take out trash to the dumpster
- Close & lock all windows and doors.
- Lightly Vacuum carpet & sweep floors of loose trash and food
- Please wipe down tables and counters.
- **Remove all decorations** - Turn off lights and return all building keys.

**Please report any problems immediately to: → Peter Kelly @ 609-442-5830 (cell)**

If Peter is not available, try \_\_\_\_\_ Amanda Schmalbach: text her at (610) 587-2072

As renter, I certify that to the foregoing statement of use is true & accurate. I further certify, if applicable, that I have authority to obligate the organization that is renting the facility.

Print Name \_\_\_\_\_

Sign Name \_\_\_\_\_ Date \_\_\_\_\_

Agreed & accepted by \_\_\_\_\_ o/b/o Crosswicks Community Association Inc.