

**North Austin MUD 1  
Rattan Creek Community Center  
Rental Contract  
257-1255**

Name of person or ORGANIZATION: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

In-District Resident: Y\_\_ or N\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell or Work phone: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_ NUMBER OF GUEST: \_\_\_\_\_  
(ie: Husband 50<sup>th</sup> birthday party, Neighborhood watch meeting, garden club, etc.)

EVENT DATE: \_\_\_\_\_ HOURS: \_\_\_\_\_ TO \_\_\_\_\_

DATE RESERVATION MADE: \_\_\_\_\_

ROOM BEING RESERVED:

Please check room choice:

- |  |          |
|--|----------|
| <input type="checkbox"/> Great Room      | \$ _____ |
| <input type="checkbox"/> Conference Room | \$ _____ |
| <input type="checkbox"/> Meeting Room    | \$ _____ |
| <input type="checkbox"/> Kitchen         | \$ _____ |
| <input type="checkbox"/> Multi Room      |          |

Events With Alcohol(Security fee)\* \$ \_\_\_\_\_

initials

Set-up fees: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**\*Events with alcohol are subject to approval by Williamson County Sheriff Dept.**

FEE AMOUNT \$ \_\_\_\_\_ DEPOSIT AMOUNT \$ \_\_\_\_\_

Date: \_\_\_\_\_ Receipt: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt: \_\_\_\_\_

*Fees are due when application is made, deposit is payable the day of the event Mon-Fri, or Friday before weekend event.*

**RENTER MUST COMPLY WITH ALL RULES AND REGULATIONS LISTED IN THE ATTACHED  
Guidelines for Rattan Creek Community Center Rental .**

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**I, The Undersigned, Have Read And Understand The Guidelines For Rattan Creek Community Center Rental And I Am Willing To Comply With All Conditions And Requirements For The Use Of The Rattan Creek Community Center.**

\_\_\_\_\_  
RENTER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMMUNITY STAFF SIGNATURE

\_\_\_\_\_  
DATE

Information and forms can be found online at: [www.northaustinmud1.org](http://www.northaustinmud1.org) .

Returned Deposit:       Full  
    Partial

Amount Returned:      \_\_\_\_\_

Mailed     Picked Up      Returned Date:      \_\_\_\_\_

\_\_\_\_\_  
RCCC Staff Initials

NOTES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_