

**Kelsey Community Association**

6440 Garden Valley Road, G.V. 95633  
Contact: Sylvia Coleman (530) 621-3522  
Mailing address: Kelsey Community Assoc.,  
P.O. Box 954, Georgetown, CA 95634  
Email: [kelseycommunityassoc@gmail.com](mailto:kelseycommunityassoc@gmail.com)



**Facility Rental Agreement**

DATE: \_\_\_\_\_

The undersigned applicant hereby applies for permission to use Kelsey Community Association facilities as follows:

Applicant: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Intended use: \_\_\_\_\_ Individual or Organization: \_\_\_\_\_

**NOTE:** There is NO landline phone connection on the facility premises. Have cell phone available.

**Facilities to be Used:**

Dining Room & Living Room: Yes \_\_\_ No \_\_\_

Kitchen: Yes \_\_\_ No \_\_\_

Play/Park Area: Yes \_\_\_ No \_\_\_

**Applicant Agrees As Follows:**

1. Permission to use Kelsey Community Association facilities may be cancelled by the President or Board of Directors at any time prior to use for just cause.
2. Use of facilities is subject to the provisions, rules, and regulations, governing intended use.
3. Permission is granted to use only those facilities indicated above.
4. Applicant, individually, and/or on behalf of the organization named above, if any, officers, and all members of and from, will be responsible for payment of any and all claims, loss, damage, liability, cost of expense arising during or related to the use of Kelsey Community Association facilities pursuant to this application. Applicant will be personally responsible for payment of fees and damages to Kelsey Community Association.
5. This application for use of the Kelsey Community Association Facilities is not firm or binding on either party until application is completed and deposit is made. Cancellation by applicant is possible up to 72 hours prior to use date. Deposit may be forfeited if not complied with.

**Reserved for:** \_\_\_\_\_ **Fees:** (plus \$100 security deposit)  
**Day & Date:** \_\_\_\_\_ **Base Rental:** \_\_\_\_\_  
**Hours:** \_\_\_\_\_ to \_\_\_\_\_ **Extra Hours:** \_\_\_\_\_  
**Estimated Attendance:** \_\_\_\_\_ **Total Fees:** \_\_\_\_\_  
Received payment of: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Security Deposit Refundable upon satisfactory inspection by KCA member.

**REMEMBER TO REMOVE ALL BELONGINGS & ACCUMULATED TRASH.**

**Application approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\_\_\_\_\_ **Signature of K.C.A. Officer/Representative**  
KCA Representative

I have read the above, understand and agree to all. **DATE:** \_\_\_\_\_

Representative/Renter's Name \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**Physical Address:** Kelsey Community Association  
6440 Garden Valley Road  
Garden Valley, CA 95633  
(530) 621-3522

**Mailing Address:** Kelsey Community Association  
P.O. Box 954  
Georgetown, CA 95634

**Web URL:** <https://www.oldkelseyschool-kca.org/>

**Contact:** Sylvia Coleman,  
KCA Representative  
(530) 621-3522

P.S. Please feel free to call Sylvia if you have any questions or issues before, during or after your event. We hope the Kelsey Schoolhouse serves your gathering well. We welcome suggestions to help make the facility ever better. (KCA)

**HAVE A GREAT TIME AT THIS HISTORIC GATHERING PLACE!!**