

Laurel B. Johnson Community Center

Non-Profit Use Contract

Date Requested _____ *(Please check the toandos.org calendar for availability)*

Event _____

Time _____ *(including set-up and clean-up)*

Name _____

Home Address _____

Home Phone _____

Cell Phone _____

Email _____

I agree to leave the Community Center cleaned to the Jefferson County Health Department standards. I recognize that I do not have permission to use the kitchen. I understand that the manager will inspect the Center after the event. If there has been any damage to the facility or property, I agree to reimburse the Community Center for any necessary repairs.

Responsible Party Signature _____

Thane Grooms, Manager _____

Cell # 360-509-7750

Updated January 2025