



**THE BHARATIYA TEMPLE**  
OF METROPOLITAN DETROIT

**RENTAL AGREEMENT**

Rental Date: \_\_\_\_\_ Time needed: From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM

Name of Applicant/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Apt / Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: (Home) \_\_\_\_\_ (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

Are you a Temple Member in Good Standing: [ ] Yes [ ] No Member ID: \_\_\_\_\_

Rental Purpose/Intended Use: \_\_\_\_\_ Number of Guests Expected: \_\_\_\_\_

Please check the Area that you intend to Rent:

- |  |                                     |                                       |  |
|--|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Multi Purpose Hall        | <input type="checkbox"/> Havan Area | <input type="checkbox"/> Prayer Hall  | <input type="checkbox"/> New Banquet Hall            |
| <input type="checkbox"/> Stage for Rehearsals, etc | <input type="checkbox"/> Kitchen    | <input type="checkbox"/> Dining Hall  | <input type="checkbox"/> Dining hall & Kitchen       |
| <input type="checkbox"/> Class Room                | <input type="checkbox"/> Green Room | <input type="checkbox"/> Sound System | <input type="checkbox"/> small Wedding in Havan Area |

Do you intend to put any decoration? [ ] Yes [ ] No **If yes, Please provide Decoration plan with this application**

I \_\_\_\_\_ (name) of \_\_\_\_\_ (address) have read the Temple rules and regulations and agree to comply with and be bound by them. I also agree to compensate the Temple for any loss of property / equipment caused during usage. I also undertake the responsibility for orderly and lawful conduct of the proposed activity. I also stage that I have the authority to sign this application on behalf of the above organization, and I assume full responsibility for the actions of the attendees and performers at the proposed activity. I also hereby waive my rights to hold the Temple responsible for any form of liability and / or claims of losses and expenses including attorney fees arising out of any reason including but not limited to bodily injuries, sicknesses, disease or death.

Name(Print)	Signature	Date
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**For office use only**

Total Rental Charge: \_\_\_\_\_

Advance Deposit (50% of total): \_\_\_\_\_ Paid by: CHK/CSH/CC \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

Remaining Deposit \_\_\_\_\_ Paid by: CHK/CSH/CC \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cleaning Deposit (CC/Check): \_\_\_\_\_