MU HEALTHCARE PAVILION
Renter Check In/Out Form

Name of Rental Party:_____

Type of Event:_____

Check-In Time / Date:_____ **Check-Out Time / Date:**_____
Access to facility only allowed during paid rental time.

	CHECKLIST	COMMENTS
No trash on grounds around building or parking lots		
All personal items removed		
No holes, adhesives, or marks on walls/floor/ceiling		
Restrooms checked - including emptying trash in receptacles		
All trash bagged, tied and placed in outside dumpster. Recycling placed in outside recycle bin.		
All restroom doors secured and locked. Return Key**		

***** If restroom doors are not locked, a fee of $25 will be retained from your damage/key deposit.***
***** If key is not returned to the ARC by the end of the next business day following the event, the full damage/key deposit will be retained.***

Following rental, should the condition of the building fail to be cleaned, a minimum fee of $50 for cleaning will be assessed. Higher fees may be assessed for significant failure to meet the guidelines and/or damage done to the property, building, or contents of the building. If your group damages the facility, please inform ARC Administration so repairs can be made as quickly as possible. Lessor is responsible for all damages.

If you have any comments, you may write them on this form and return it with the key**.**

Key Deposit $_50.00__ Payment Type: ☐ Credit Card ☐ Check ☐ Cash

_____ _____ _____ _____

Renter Signature **Date** **ARC Staff Signature** **Date**

Revised 8/16/19