



Randy Evans, Mayor
David Swackhammer, Service Director

145 Broadway St. Jackson, Ohio 45640
(740) 286-2201 cityadministration@jacksonohio.us

MEMORIAL BUILDING RENTAL APPLICATION

Applicant Name _____

Organization Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Email _____

Telephone () _____ Cell () _____ Fax () _____

Purpose for use: _____

Date of Use: _____ Start Time: _____ End Time: _____

Payment: (NOTE ALL PAYMENTS ARE NON-REFUNDABLE)

Rental fee per rate schedule

Amount Due: _____

☐ Cash

☐ Check # _____

☐ Credit

Initial the following:

_____ The City of Jackson is released from all claims for damages to person or property resulting from use of the premises and the City of Jackson, its officials, and representatives will be held harmless for any loss, claim, or damage.

_____ I understand I will be held responsible for any and all damages including plumbing problems that may occur in the restroom facilities and the cost associated with such problems is the sole responsibility of the applicant.

Print Applicant Name: _____ Title: _____ Phone: () _____

Applicant Signature: _____ Date: _____

☐ Amount Due is Paid in full

Signature of individual approving: _____ Date: _____



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MEMORIAL BUILDING AUDITORIUM RATE SCHEDULE

	Rental Fee	
		Full Day: Greater than 6 Hours
City Sponsored Organizations	No Fee	
Charitable Group/ Event* (ex. Youth Sports, Clubs)	1 hr Limit	
Private Event (Birthday Party, Shower, etc)	\$25/2hr	\$100
Business		
Organizations (Non-Profit, 501C-3)		
Charitable Group/ Event* (longer than 1 hour)		
Fundraisers/ Ticketed Events		

*Charitable Group/ Event: A group or event consisting of volunteer efforts for the goodwill of the community, where no money is exchanged and the event coordinator receives no compensation.

Note:

-Reservations will be taken up to 3 months in advance.

-Reservations will be limited to 1 per week; additional reservations may be requested up to 10 calendar days in advance if available.