
AUDITORIUM KEY FOB AGREEMENT

NAME (primary/guardian holder): _____

ADDED MEMEBERS:

ADDRESS: _____ PHONE NUMBER: _____

KEY FOB(S) NUMBER: _____ DATE ISSUED: _____

- \$10.00 - 60+ \$10.00 - YOUTH (up to 15yrs old) \$20.00 - 16+
 \$60.00 - FAMILY PASS \$20.00 - GROUP DAY PASS

YOU MUST READ AND ACKNOWLEDGE THE BELOW *(initial be each)*

_____ This key fob is for my own personal use and will not be given to anyone else or copied

Family fobs are for the use of the household only and should not be shared

_____ I will **NOT** open the facility door to anyone, even if they have key fob and it does not work

_____ I will report the loss of this key fob. A replacement key fob can be issued for \$10.00

_____ I will leave the building in the condition which I found it

_____ Fob access will be terminated due to misuse

_____ All fobs will be deactivated on **MAY 30th, 2025**. Memberships can be renewed beginning **SEPTEMBER 3rd, 2024**.

_____ The Auditorium will be closed in the Spring of 2025 for the Community Theatre production. The City Office will notify the public of these dates at a later time.

KEEP YOUR KEY FOB FOR THE NEXT YEAR OR YOU WILL NEED TO BUY A REPLACEMENT

Members wishing to cancel or not renew membership are required to return their fob to the City Office.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____