

# City of Canton

## Canton Depot Reservation Form

Canton City Hall: 210 N Dakota, Canton, SD 57013, 605-987-2881  
 Canton Depot: 600 W 5th Street, Canton, SD 57013

\_\_\_ Viking Room    \_\_\_ Museum    \_\_\_ Boardroom

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Event: \_\_\_\_\_ Approx. Number of People Attending: \_\_\_\_\_

Date(s) Reserved: \_\_\_\_\_

Times Reserved (to include setup & cleanup time): \_\_\_\_\_

The following security deposit is required. Total Deposit = \_\_\_\_\_  
 \_\_\_ Viking Room (\$100)    \_\_\_ Museum (\$150.00)    \_\_\_ Boardroom (\$30)

The deposit will be mailed to the payee within seven business days, after your event if the keys are returned, no personal property is missing or damaged, the rental is cleaned in accordance with the check list and there are no damages to the rental premises. If the event is cancelled, the deposit will be refunded less any applicable cancellation fees.

Fee Schedule			
	Viking Room	Museum	Boardroom
Half Day	\$95.00	\$100.00	\$25.00
Full Day	\$175.00	\$175.00	\$50.00

Cancellation Policy				
	Viking Room	Museum		Boardroom
1-3 Months Prior	50% of Rental	50% of Rental	1+ Months Prior	\$10.00
1 Month Prior	70% of Rental	70% of Rental	1 Month Prior	50% of Rental

*50% off Room Rental Fee for Non-Profit Groups Monday—Thursday*

**\*\*All fees are subject to all applicable sales taxes.**

*I have received a copy of a rental agreement with the rental rules and guidelines. I agree to complete the rental agreement and pay all rental fees at least two weeks prior to the function. I also understand that I must agree and abide by all rules and terms of the agreement.*

Signature of Renter: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only*

Person Paying Deposit:  
(if different than renter, include Address & Phone Number)

Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash \_\_\_ or Check \_\_\_\_\_

Received by: \_\_\_\_\_ Booked on Calendar:  Given Rental Agreement:  Received Signed Rental Agreement: \_\_\_\_\_

Cancellation Date: \_\_\_\_\_ Cancellation Fee: \_\_\_\_\_

**Refund Check:**

Number: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_