



## COMMUNITY CENTER RENTAL AGREEMENT

Pickens County Recreation Department

1329 Camp Road

Jasper, GA 30143

**phone:** 706-253-8862

**fax:** 706-253-8863

### COMMUNITY CENTER RENTER INFORMATION

RENTER'S NAME:

TWO PHONE NUMBERS:

ADDRESS:

RENTAL USE:

DAY & DATE of EVENT:

TIME NEEDED from: to:

NUMBER of PEOPLE EXPECTED to ATTEND:

# of TABLES NEEDED: # of CHAIRS NEEDED:

## FEE SCHEDULE

### Community Room

ALL DAY \$225 per day x \_\_\_\_\_ (number of days) = \$ \_\_\_\_\_

HOURLY \$25 per hour (4 hour minimum) x \_\_\_\_\_ (number of hours) = \$ \_\_\_\_\_

CONCESSION \$50 = \$ \_\_\_\_\_

PROJECTOR \$25 = \$ \_\_\_\_\_

REFUNDABLE DEPOSIT\* \$100 = \$ 100

**TOTAL AMOUNT** \$ \_\_\_\_\_

\*DEPOSIT on Community Room: Application form must be filed with a refundable deposit of \$100 separate from rental. This means two separate checks. This Deposit will be refunded upon inspection of the room after rental. Deposit must be in check form.

**CANCELLATION FEE: If cancelled within 72 hours of rental, the deposit will be kept as the cancellation fee. The only exception for this is inclement weather.**

RETURNED CHECK FEE: **\$35**

**DEPOSIT PAID (CHECK) \$100**                      **DEPOSIT CHECK #:** \_\_\_\_\_ **RECEIPT#** \_\_\_\_\_

**PAID:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **CASH:** \_\_\_\_\_ **CHECK #:** \_\_\_\_\_ **RECEIPT#** \_\_\_\_\_

## Classroom

Classroom 1 2 3 (please circle number)

ALL DAY \$225 per day x \_\_\_\_\_ (number of days) = \$ \_\_\_\_\_

HOURLY \$50 per hour (first 4 hours day) x \_\_\_\_\_ (number of rooms) = \$ \_\_\_\_\_

ADDITIONAL hours \$15 per hour x \_\_\_\_\_ (number of rooms) = \$ \_\_\_\_\_

REFUNDABLE DEPOSIT\* \$50 = \$ 50

**TOTAL AMOUNT** \$ \_\_\_\_\_

\*DEPOSIT on Classroom: Application form must be filed with a refundable deposit of \$50 separate from rental. This means two separate checks. This Deposit will be refunded upon inspection of the room after rental. Deposit must be in check form.

**CANCELLATION FEE: If cancelled within 72 hours of rental, the deposit will be kept as the cancellation fee. The only exception for this is inclement weather.**

RETURNED CHECK FEE: **\$35**

DEPOSIT PAID (CHECK) \$50

DEPOSIT CHECK #: \_\_\_\_\_ RECEIPT# \_\_\_\_\_

PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ CASH: \_\_\_\_\_ CHECK #: \_\_\_\_\_ RECEIPT# \_\_\_\_\_

## RULES

**\_√\_ All applications** for rental of the Pickens County Community Center must be approved. We reserve the right to refuse rental of the building to any person, persons, groups, or organizations when it deems that it would not be in the Center's best interest. The authority lies within the Director and the Recreation Board. Application forms must be filed with a deposit separate from rental fee. Please see charges on the rental agreement. This deposit will be refunded after inspection of the building and grounds. Fees will be deducted from deposit accordingly. In the case where additional costs are incurred, an invoice will be mailed to renter and payment is expected upon receipt of invoice.

**\_√\_ Cancellation Policy:** Cancelling Rental of Room must be done 72 hours prior to the rental date to receive full deposit refund. Cancellations less than 72 hours from the event date will incur a 50% deduction.

**\_√\_ Cleaning Policy:** Please do your best to leave room in the same condition as when you entered room before event. Failure to do so could result in a deduction in the deposit.

**\_√\_ Trash:** Renters are required to REMOVE ALL GARBAGE FROM PREMISES after rental. Bags must be taken to dumpster. Dumpster is located in the back, right side of the Community Center. A new bag will be left in the container to replace full bag. Failure to do so will result in a deduction from deposit.

**\_√\_ Tables and Chairs:** No tables or chairs are to be removed from the building or the room rented unless authorized. You may move around the tables and chairs however you like but please do not drag them across the floors.

**\_√\_ Kitchen:** This area must be cleaned as well. Failure to do so will result in deduction from deposit. No food or drinks can be left in kitchen after rental. Any damage done to any appliances will result in a deduction from deposit.

**\_√\_ Smoking:** There will be absolutely NO SMOKING on the Pickens County Recreation Department campus.

**\_√\_ Alcohol/Illegal Drugs:** Absolutely no alcoholic beverages or illegal drugs allowed in the Community Center or on premises. Any rental caught not complying with this rule will be asked to leave and will forfeit their deposit. Also could result in not allowing future rentals. PCRD reserves the right to check all coolers.

**Pets:** There will be absolutely no animals inside the Pickens County Community Center.

**Noise:** All renters must respect others. If an event becomes too loud or distracting for another event, the staff person on duty may ask you to decrease the volume levels or to do away with the noise all together.

**Decorations:** Any decorations that may be used during the event must be attached to the wall with a product that will not remove the paint. Nothing of weight over 2-3 pounds may be hung from the ceiling during the event, for questions ask staff. **ABSOLUTELY NOTHING IS PERMITTED TO BE ATTACHED TO THE FLOORS AT ANY TIME!!!**

**Liability:** Applicant agrees that actions taken during the rental period are the responsibility of the person(s), group, or organization making application. Applicant acknowledges that the Center is to be held harmless in the event of any injury both personal and property that may occur in connection with rental. Applicant acknowledges that any damage to the Community Center will be the liability of the person, persons, group, or organizations approved for rental and shall reimburse the Community Center for costs of repairs of damage.

**Hours:** The hours reserved should include set up and break down time. You may be allowed in early to set up, provided there are no other rentals in the specified rooms. PCRD Community Center closes promptly at 9:00 PM on Monday through Saturday and 5:00 PM on Sundays. Any rental overages will result in additional fees owed to PCRD. These overage fees will be determined by PCRD staff.

Signature of Renter:

Signature of Employee:

Date: