FACILITY USE APPLICATION / AGREEMENT

Date: 11/25

Name of Organization or Group: _____
Address: _____
Phone Numbers: _____ Mobile: _____
Meeting Date & Begin/End Time: _____
Purpose of Meeting: _____
Specific Rooms to Be Used: _____
Name of Person Responsible: _____

Agreement:

I agree, on behalf of the above-named organization/person, to observe the rules and regulations of the Pickens Community Center / Senior Center and will assume all responsibility for any damage done to the facility while we are in attendance.

Special Allowances:

____ Initials. We will use only those rooms as indicated above in the rental agreement.
____ Initials. I understand that an hour before the scheduled meeting can be used to set up.
____ Initials. I understand that the building must be cleared and secure one hour after the agreed upon meeting end time.
____ Initials. I understand the building must be cleared and secure one hour after the agreed upon meeting and end times. The rented room(s) must be in the exact condition as when you arrived, equipment and cleanliness. **Floors are to be swept only; NO mopping or water is to be put on floors in cafeteria & Jack Black room.** All tables in both rooms must be wiped off. If tables are moved, they are to be placed back in order found.
____ Initials. I understand that these special allowances must be followed as specified in order to receive a full deposit refund.

Signed: _____ Date: _____

Rental Fee Payable to Senior Citizens of Pickens: _____ Deposit: _____
Approved By: _____

Room Rental Rates: (Collected with form. Deposit returned upon satisfactory completion of rental.)

Room	Duration	Rental Fee	Security Deposit
Dining Room	1–3 Hrs	$75	$50
	4–5 Hrs	$125	$75
	All Day (8 Hrs)	$150	$100
Jack Black Room	Up to 4 Hrs	$50	$30
	All Day (8 Hrs)	$75	$30