

# Rental Form



SMALL MEETING ROOM

**PLEASE PRINT**

RENTAL DATE: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_

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

Deposit Refund  
will be sent here

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

\*In the event of cancellation, all refunds are done through city hall. A CHECK will be mailed to the above address.

Facility to be reserved for rental:

SMALL Meeting Room

**Staple Receipt Here**

Time of Rental: \_\_\_\_\_ to \_\_\_\_\_

Type of Function: \_\_\_\_\_

Estimated Number of Attendees: \_\_\_\_\_

*Who is the Rentals Contact Person (the Person in charge)?*

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

**Total to be PAID = \_\_\_\_\_ (Must be paid in FULL 2 weeks (14 Days) prior to rental)**

**Deposit Paid:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_ **Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Rental Fee Paid:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_ **Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Renter's Signature: \_\_\_\_\_

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

Employee initials: \_\_\_\_\_

Date of booking: \_\_\_\_\_

Deposit Due Date: \_\_\_\_\_

Rental Fee Due Date: \_\_\_\_\_

**OFFICE USE ONLY**

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

**Account #: 110-34751-000**

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

**For:** \_\_\_\_\_

**Requested by:** \_\_\_\_\_



## **RESERVATION AGREEMENT CONTRACT** **LEWISBURG RECREATION CENTER SMALL MEETING ROOM**

1. Room Deposit is due within 2 weeks (14 days) of your booking date. This is required to hold the room and to cover repairs or damages. If it is not paid, you will lose your date.
2. Room Rental Fee is due 2 weeks (14 days) prior to your event. If full payment is not paid by this time, your deposit becomes non-refundable.
3. If the event is cancelled within 2 weeks of the rental date, the deposit will not be refunded.
4. **Your deposit will be refunded provided the room meets inspection. Refunds are mailed and take up to 2 weeks to process.**
5. USER IS RESPONSIBLE FOR ANY AND ALL DAMAGES TO FACILITY OR EQUIPMENT. Damages will result in partial or total loss of deposit. The Parks and Recreation Department requests that all users inspect the room prior to their event so that both parties may be aware of any existing damage.
  - If deposit does not cover damages, an invoice will follow for additional charges.
  - Checklist must be completed by renter and staff member on duty to guarantee deposit refund.
6. Tables and chairs are provided for your use. Please do not remove from the building.
7. Tables and chairs should be put up in proper fashion in storage area.
8. Blue or green painters tape ONLY! No tape on ceilings.
9. All trash should be taken to the BARREL outside conference room door. Mop and sweep the floors before leaving the property. Wipe down tables and counters.
10. The Lewisburg Parks & Recreation Department is not responsible for any articles left, lost, or stolen from the building.
11. A park employee must be present at all times when the facility is rented.
12. It is unlawful for any person to consume or have on display any alcoholic beverage within the property Lewisburg Recreation Center. (Municipal Code-Title 10-Chapter 2-Section 226)
13. Since the facility is available for public usage, you may be requested to turn music down when other parts of the facility are open.
14. Maximum Occupancy by law is 50 people.
15. No fog or smoke machines are allowed.
16. No Smoking is allowed in the building.
17. Unattended children are not allowed in other areas of the building.
18. Any violations of rules may result in immediate vacating of the building without refund.
19. The Director may reserve the right to cancel the activities at any time if it seems necessary.
20. Room rental times are as follows: (please plan your event accordingly)
  - Monday-Thursday 8am-7pm
  - Friday 8am-5pm
  - Saturday 8am-4pm
  - Sunday 1pm-4pm

***A 30 min departure grace period for cleaning will be given after which no deposit will be refunded. NO EXCEPTIONS!***

The undersigned individual on behalf of any group or organization using the facility hereby releases the City of Lewisburg from any claim for damage or injury arising from the use of facility, and furthermore certifies that this information, release, and assurance of compliance has been presented to and accepted by all participants.

**Renter Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## End of Reservation Checklist

	<u>Renter</u>	<u>Staff</u>
1. Tables should be put up in proper fashion in storage area.	_____	_____
2. Chairs should be stacked in an orderly fashion against walls or in closet.	_____	_____
3. No tape on ceilings.	_____	_____
4. The facility must be vacated no later than 8pm weekdays or 4pm weekends	_____	_____
5. All trash should be taken to the barrel outside the meeting room door.	_____	_____
6. Trash cans should be emptied with fresh trash liners (ask staff member)	_____	_____
7. Mop and sweep the floors before leaving the property.	_____	_____
8. Wipe down tables and counters.	_____	_____
9. Microwave should be cleaned thoroughly.	_____	_____
10. Refrigerator must be cleaned out.	_____	_____

**Renter Signature:** \_\_\_\_\_

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

**Staff Signature:** \_\_\_\_\_

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