



APPLICATION FOR USE GARNER SENIOR CENTER



Please complete and return along with fees to:
Town of Garner Parks, Recreation and Cultural Resources
205 E Garner Road
Garner, North Carolina 27529
919.779.0122
Torrey Blackmar 919.464.7995

Return by: _____

PLEASE PRINT: Application must be completed in full, including accurate home and work phone numbers.

User's Name _____ Phone (H) _____ (Cell phone) _____

Date(s) of Event _____ Event Hours _____

If renting multiple dates, please complete an application for each date.

Time in* _____ Time Leaving* _____ Estimated Attendance _____
(*Please Note: Your rental time MUST include enough time for your set-up and clean-up.)

Group or Organization (if applicable) _____
Name and address to send security deposit refund

User's Address _____
PO Box or Street Address City State Zip

Email Address _____

Room Requested: _____ Description of Event: _____

Cancellation requests made more than 90 in advance of the event date will receive a refund of fees paid minus \$50.00. For cancellation requests made between 30 and 90 days before the event date, a refund of fees paid minus the security deposit (\$150.00) will be issued. Cancellation requests less than 30 days prior to the event date will NOT receive any refund of fees paid.

By signing below, I acknowledge that I have read, understand and agree to all *Reservation Procedures, Rules for Use and Rental Rates* applicable to my use of the Garner Senior Center. I certify that information stated herein is true and complete and that all rules and regulations will be followed, and that I will compensate the Town of Garner for all damages incurred to the facility and any other costs incurred by the Town as a result of my use. Furthermore, I acknowledge that in consideration of the rental of the Garner Senior Center, I assume all risks of injury to myself and others. I agree to hold harmless and indemnify the Town of Garner from any and all loss and damage incurred as a result of activities of the facility, excepting only those injuries caused by negligence on the part of the Town.

Signed (User) _____ Date _____

***** (Office Use Only) *****

Deposit Fee (\$150) _____ Date Due _____ Date Paid _____ Rec'd by _____

Food Service Fee (\$50 per event) _____ Date Due _____ Date Paid _____ Rec'd by _____

Hourly Fee (\$65/hr) _____ Date Due _____ Date Paid _____ Rec'd by _____

_____ Date Due _____ Date Paid _____ Rec'd by _____

_____ Date Due _____ Date Paid _____ Rec'd by _____

_____ Date Due _____ Date Paid _____ Rec'd by _____

If multiple payments, use additional lines. (Hourly Fee: GSC- \$65 per hour/ Gym \$70 per hour)