



# BANQUET ROOM 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

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 pe hour)