

## APPLICATION FOR USE GARNER SENIOR CENTER



**WEEKNIGHT RENTALS** 

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	n full, including acc	urate home a	and work phone number	S.
User's Name	er's NamePh		(C	ell phone)	
Date(s) of Event	complete an ap	Event Hopplication for each	ours h date. There	e is a 2 hour minimum.	
Time in* Tim (*Please Note: Your rental ti	ne Leaving* me MUST includ	e enough time for y	Estin	mated Attendance nd clean-up.)	
Group or Organization (if applicable Name and address to send security deposit	refund				
User's Address					
PO Box or St Email Address			Zip		
Room Requested:		Description of E	Event:		
Cancellation requests made more t \$50.00 deposit. No refunds for cand					us
By signing below, I acknowledge that Rental Rates applicable to my use of t and that all rules and regulations will to the facility and any other costs in consideration of the rental of the Gar harmless and indemnify the Town of G excepting only those injuries caused by	he Garner Senior be followed, and to the followed, and to the Toner Senior Center arner from any and the formation from the for	Center. I certify that hat I will compensate own as a result of r, I assume all risks and all loss and damage	t information st e the Town of my use. Furth of injury to my ge incurred as a	ated herein is true and cor Garner for all damages in hermore, I acknowledge t rself and others. I agree t	mplete curred that in to hold
Signed (User)				Date	
	**********(Off	ice Use Only)*****	*****		
<b>Deposit Fee</b> (\$50)	Date Due	Date Pa	aid	Rec'd by	
Food Service Fee (\$50 per event)	Date Due	Date F	Paid	Rec'd by	
Technology Fee (\$25 per event)	Date Due	Date I	Paid	Rec'd by	
Hourly Fee (room/hr)	_ Date Due	Date F	Paid	Rec'd by	