



# City of Hernando Gale Community Center Rental Agreement

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

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

City/ State & zip: \_\_\_\_\_

Event Date & Time: \_\_\_\_\_

Type of Event (reunion, birthday party, meeting, etc): \_\_\_\_\_

Hernando Resident : Yes or No (Please have proof of residence)

Non Profit: Yes or No Profit Organization: Yes or No

Will the kitchen be rented? \_\_\_\_\_ Will projection screens be rented? \_\_\_\_\_

## **Gale Center is a Non Smoking Building.**

- |   |   |
|---|---|
| <input type="checkbox"/> Deposit:                   | \$200   |
| <input type="checkbox"/> Individual meeting spaces: | \$200 for 4 hours, \$50 for each additional hour    |
| <input type="checkbox"/> Daily fee:                 | \$350 (8 hours)                                     |
| <input type="checkbox"/> Entire facility fee:       | \$500 (4 hours)                                     |
| <input type="checkbox"/> Kitchen fee:               | \$75  |
| <input type="checkbox"/> Projection fee:            | \$35  |
| <input type="checkbox"/> Non Resident fees:         | \$100 additional                                    |
| <input type="checkbox"/> Non Profit fees:           | \$100 subtracted from fees (must have 501C3 status) |
| <input type="checkbox"/> For Profit fees:           | \$200 additional                                    |

I, the renter, agree to pay the sum of \$\_\_\_\_\_ for the rental of The Gale Center on said date. A deposit of \$200 is required at time of reservation. Five days prior to the date of event is required for cancellation. Cancelling within 5 days of date will result in loss of your \$200 deposit. **Deposit is refunded after event if the center is cleaned, tables and chairs are put away, key is returned within 12 hours and building is free of damage.** I, my executors or other representatives, waive and release all rights and claims for damages that I may have against City of Hernando, and / or its representatives.

## **NO ALCOHOLIC BEVERAGES ALLOWED ON CITY PROPERTY.**

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

Receipt # \_\_\_\_\_ Date: \_\_\_\_\_ Clerk: \_\_\_\_\_

Deposit Receipt# \_\_\_\_\_ Date: \_\_\_\_\_ Clerk: \_\_\_\_\_