



# 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.

- Deposit: \$200
- Individual meeting spaces: \$200 for 4 hours, \$50 for each additional hour
- Daily fee: \$350 (8 hours)
- Entire facility fee: \$500 (4 hours)
- Kitchen fee: \$75
- Projection fee: \$35
- Non Resident fees: \$100 additional
- Non Profit fees: \$100 subtracted from fees (must have 501C3 status)
- 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: \_\_\_\_\_