

# Burgaw Community House Rental Application

## APPLICANT INFORMATION

Applicant Name/Contact Person: \_\_\_\_\_

Name of Organization (if applicable): \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list anyone other than the applicant that may pick up the key prior to the reservation. The key will only be given to the applicant or persons listed: \_\_\_\_\_

## EVENT INFORMATION

Date(s) Requested: \_\_\_\_\_

How many hours will you need the building?  Hours: \_\_\_\_\_  Full Day (8am-12am)  
*\*The total amount of hours must include set-up/dismantle. Minimum of 3 hours*

Reservation Time(s) Requested: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Total Number of Guests: \_\_\_\_\_ *Note: Maximum of 50 people in the building at one time with tables/chairs set up. Maximum of 100 people in the building at one time standing room only.*

Will this be a floating event?  Yes  No

Will you be using the kitchen to provide food?  Yes  No

Will you need additional tables for food, etc.?  Yes  No

Will you be serving alcohol? (*Beer and unfortified wine only*)  Yes  No

Will you be having a DJ/Music?  Yes  No

## REFUND INFORMATION

If there are no damages or issues after your reservation, the security deposit will be issued within two weeks after the date of your reservation.

Please send refund to applicant name and address listed above.

Please send the refund to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## ASSUMPTION OF LIABILITY

For and in consideration of the use of the Community House, our organization agrees to indemnify and hold harmless the Town of Burgaw, a local government entity, from and against any and all loss, damage, claim, demand, liability, or expense by reason of any damage or injury to property or person which may be claimed to have arisen as a result of or in connection with our organization's occupancy or use of said premises. Furthermore, I and/or our organization hereby agrees to reimburse the Town of Burgaw for any and all costs to repair any and all damage that may be caused directly or indirectly to the facility during the time period of occupancy and/or use of said premises.

Failure to follow the rules and regulations as described in attached Usage Policy will result in forfeiture of deposit. Applicant will be responsible for all costs associated with damage incurred to the facility and grounds in excess of the security deposit.

I, the above applicant, have read and understand the rules and regulations stated within the Usage Policy.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_