



P.O. BOX 367 • Wingate NC 28174 • TEL: (704) 233-4411 • FAX: (704) 233-4412

Community Center Rental Application

Reservation Date: ____ / ____ / ____ Start: ____ am / pm End: ____ am / pm
including set-up and clean-up time

Description of activity that will take place: _____

Applicant Information

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

RENTAL GUIDELINES

1. All rentals are on a first-come; first-serve basis. The full payment must be received in order to place a reservation on the calendar.
2. Deposit and rental fees will be refunded minus \$25 if rental is cancelled at least 3 business days before reservation.
3. Maximum building occupancy is 96 people.
4. Alcoholic beverages are prohibited and smoking/tobacco use is not permitted.
5. Building key must be returned to Town Hall the next business day after rental.
6. Deposit will be refunded by mail within 14 business days, if facilities require no cleanup or repair.
7. Contract holder will be billed for damages that exceed the amount of the deposit.
8. Contract holder shall indemnify and hold the Town harmless from any damages or injuries incurred during, or as a result, of such use.

I understand and agree to the community center rental guidelines listed above.

Signature: _____ Date: ____ / ____ / ____

OFFICE USE ONLY

Date application/fees received: ____ / ____ / ____ Received by: _____

Hours	6
Deposit	\$200
Fees	\$300
Total	\$500

Payment Method:

Cash _____

Check _____

GW _____

\$50 Per Extra Hour

PLEASE KEEP THIS COPY AS PROOF OF YOUR BUILDING USE AUTHORIZATION!

