

City of Hernando  
Gale Community Center

*A Non Smoking Facility*

**Rental Contract**

Section I

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

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Hernando Resident: Yes or No (Please have proof of residence. There is a non-resident surcharge.)

Circle One: Non-Profit For-Profit Neither(Individual)

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

Date of Event: \_\_\_\_\_

Rental Start Time: \_\_\_\_\_ Rental End Time: \_\_\_\_\_ Total Rental Time: \_\_\_\_\_ hours

Total Rental Time must not exceed the Rental Block selected in Section II. This time includes all set up, clean up, decorating, etc. Entering the building (for any reason) prior to the Rental Start Time and/or after the Rental End Time will result in the **loss of your \$200 rental deposit.** [Initial Here \_\_\_\_\_]

Will the projectors be rented? Yes or No

If Yes, you must bring your laptop prior to your Event (M-F/8-4) to determine compatability. **No refunds after the event.** [If Yes Initial Here \_\_\_\_\_]

Section II

**Rental Options**

*Indicate below your rental choices*

**Individual Meeting Space**

- 4 Hour Block \$200
- 8 Hour Block \$350
- Additional Hour \$50/hr
- Full Day Block (6am-11:59pm) \$600

**Entire Facility - 3 Meeting Spaces**

- 4 Hour Block \$500
- Full Day Block (6am-11:59pm) \$900

**Additional Options:**

- Kitchen Fee \$75
- Projector Fee \$35
- Non-Resident Fee \$100
- For-Profit Fee \$200
- Non-Profit Discount -\$100

(Must have proof of non-profit status and/or other sufficient proof.)

**Total Rental Cost** \$

Rental Receipt # \_\_\_\_\_

Date of Receipt \_\_\_\_\_

Receiving Clerk \_\_\_\_\_

Section III

**Deposit**

**Latest Cancellation and Balance Due By Date:**

\_\_\_\_\_ (Date of Event - 5 Days = Latest Cancellation Date)  
*(Enter Date Above)*

Event cancellations regardless of reason subsequent to the date above will result in the loss of your deposit. We can not hold or guarantee availability for reservations that are not paid in full by the due date above.

[Initial Here \_\_\_\_\_]

**Deposit Amount**

**\$ 200.00**

Rental Receipt # \_\_\_\_\_

Date of Receipt \_\_\_\_\_

Receiving Clerk \_\_\_\_\_

\*Deposit Checks not picked up 2 weeks after the event will be shredded.

# NO ALCOHOLIC BEVERAGES ALLOWED ON CITY PROPERTY.

(You may have a Champagne toast if your event is a wedding.)

## The Gale Center is a Non Smoking Facility.

### Section IV

### Rental Agreement

I, the renter, agree to pay the sum of \$\_\_\_\_\_ for the rental of the Gale Center on \_\_\_\_\_. A deposit of \$200 is required at the time of reservation to hold your event date. Cancellations are accepted if notice is given no less than 5 days prior to your Event. If you cancel after the latest cancellation date stated in Section III, you will forfeit your \$200 deposit. Your deposit will be refunded after the event, if the deposit requirements in Section V below are completed by the renter, if the key is returned within 12 hrs, and the 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 the City of Henando, and/or its representatives.

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

### Section V

### Deposit Requirements Checklist

Failure to comply with the following requirements will result in the forfeiture of your \$200 Deposit.

*A copy of this checklist will be provided when the key is issued.*

**Checklist was received. [Initial Here \_\_\_\_\_]**

- 1) Place all trash in the large, wheeled trash cans located outside the back double doors. Push the trash cans to the dumpster located in the rear of the building on the East End. (Opposite end of the building near the Police Station.)
- 2) Clean and store the tables and chairs in the closet.
- 3) Sweep and Mop the Floors
- 4) Remove any debris from the restrooms.
- 5) Turn off the sound system(2 power buttons) located in the closet and return the microphone.
- 6) Replace projector cords and remote to the wall box next to the reception office.
- 7) Turn off the lights.
- 8) Lock the doors.
- 9) Return the Key within 12 hours by placing it in the drop box adjacent to the front door.
- 10) Enter the building no earlier than your rental start time and exit the building no later than your end time.

### Section VI

### Office Use Only

- A copy of the deposit checklist was provided when key was issued.

Issued Key Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Key may be issued only if Balance is Paid in Full

- Upon Post-Event Inspection completed on \_\_\_\_\_ by \_\_\_\_\_.

**Clerk Initial Mgr Initial**

\_\_\_\_\_ Deposit will be refunded.

\_\_\_\_\_ Deposit will be held.

\_\_\_\_\_ Enter Number corresponding to reason held: \_\_\_\_\_

\_\_\_\_\_ Date Notification Letter Sent \_\_\_\_\_