

2012 Coats Senior Center Rental Application

214 E. Park St. ^ P.O. Box 366 ^ Coats, NC 27521 (910) 897-4616 www.coats-seniors.org

Dear Renter: Please complete items 1-12 below and include this form along with your payment of deposit and remit to the following address:

Coats Senior Center
P.O. Box 366
Coats, NC 27521

The undersigned individual or group hereby makes application to rent the Coats Senior Center facility according to the requirements and conditions set forth.

1. RENTER NAME _____
2. ORGANIZATION _____
3. CONTACT PERSON (if different than above) _____
4. ADDRESS: _____
5. EMAIL ADDRESS _____
6. BEST PHONE NUMBER WHEREBY YOU MAY BE REACHED _____
7. ATTENDEES ESTIMATE _____
8. DATE/S FACILITY REQUESTED _____
9. NUMBER OF DAYS REQUESTED _____
10. TYPE OF EVENT _____

11. Please Check the Appropriate Rental Category (*Price is per day or evening):

_____ **Monday-Wednesday, Friday Evenings (\$150 deposit, \$125 rental)**

_____ **Saturday, Sunday (\$150 deposit, \$135 rental)**

_____ **Major Holidays (\$150 deposit, \$150 rental)**

*Thursday Nights are not available at this time.

*Rates are subject to change without notice.

12. RELEASE OF LIABILITY

In consideration of the permission granted to use the requested corporation property, the undersigned discharges and releases the Coats Senior Center from all claims, demands or liability whatsoever which we may now have or hereafter have, as a result of use of the premises on the listed rental dates. Additionally, the undersigned has read, understands, and accepts fully the conditions and requirements for the rental of the Coats Senior Center facility.

Signature of Renter _____ **Date** _____

This space is for Office Use Only

Approved by _____
Rental Agreement Signed _____
Key Number _____
Deposit: Cash _____ Check No. _____
Rental Fee: Cash _____ Check No. _____
Key Returned _____
Checklist Returned _____
Deposit Returned: Amount _____ Signed by _____
Comments: