



# Wildlife Action Upstate Chapter

## Hughston Resource Education Center at Lost Acres

**Physical Location: 127 Halibut Lane, Spartanburg, SC 29303**

**864-576-1410**

**864-579-3624**

Federal Tax ID #57-0044167

[www.wildlifeactionupstate.org](http://www.wildlifeactionupstate.org)

## Property Rental Request Form

JOB # \_\_\_\_\_

To request a reservation of the facilities at Hughston Resource Education Center at Lost Acres, fill out this form in its entirety. **Make check for rental fee and deposit payable to Wildlife Action Upstate. Mail the check with this form to:**

**John Harris, 136 Switzer Lane, Roebuck, SC 29376**

This form and full payment must be received prior to date(s) of use unless otherwise specified.

Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Office: (\_\_\_\_) \_\_\_\_\_

Email Addresses: \_\_\_\_\_ Class/Age Levels: \_\_\_\_\_

Date(s) of Use: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

STATE OF SOUTH CAROLINA )  
COUNTY OF SPARTANBURG )

### CONSENT AND RELEASE

I do hereby consent to voluntarily participate in or allow my family/organization to participate in the use of *Wildlife Action Upstate Chapter* property known as Hughston Resource Education Center at Lost Acres.

I do hereby agree to release and forever discharge *Wildlife Action Upstate Chapter*, its officers, agents, employees, and representatives from any and all suits, claims, damages, demands, liabilities, costs, and expenses, including reasonable counsel fees, which result from or may arise out of use of the aforesaid property and facilities. I agree that I assume all risks and responsibilities for use of *Wildlife Action Upstate Chapter* property and facilities.

I have read and understand the attached guidelines for use of the aforesaid property and hereby agree to comply with these guidelines. I agree that *Wildlife Action Upstate Chapter*, its officers, agents, employees, and representatives shall have the right to enforce these guidelines and that *Wildlife Action Upstate Chapter* may at any time terminate use of said property in the event of any failure to abide by these guidelines and my deposit may not be refunded.

Signature of Responsible Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Address: \_\_\_\_\_

Facilities	Fee	Refundable Deposit	Prepayment
<input type="checkbox"/> Daily pavilion/grounds	\$50.00	\$25.00	Fee: \$ _____
<input type="checkbox"/> Daily pavilion/kitchen/grounds	\$75.00	\$50.00	Deposit: \$ _____
<input type="checkbox"/> Overnight pavilion/grounds	\$75.00	\$25.00	Payment Received: \$ _____
<input type="checkbox"/> Overnight pavilion/kitchen/grounds	\$100.00	\$50.00	Date Paid: _____
<input type="checkbox"/> Activity Building/kitchen/grounds	\$200.00	\$100.00	Check #: ____/____ Cash: _____

Deposit will be returned by mail after facilities are inspected by a WLA Upstate member.

Fees for Educational Activities provided by WLA Upstate members during rental are in addition to the Property Rental Fee.