

ACR Family Resource Center Rental Worksheet

Occupancy: Banquet Style 300/600
 Theatre Style 400/800
 (37 tables/75 tables)

	Request (Please check)	Amount Paid
Banquet Hall 1 st 6 hrs. \$600 (more than 6 hrs. add \$75 per hr.)	_____	_____
Banquet Hall & Gym 1 st 6 hrs. \$800 (more than 6 hrs. add \$75 per hr.)	_____	_____
Gym only 1 st 6 hrs \$600 (more than 6 hrs, add \$75 per hour)	_____	_____
Total Requested	_____	_____
Reservation deposit (minus) Required before date is booked (\$100 one-side, \$200 two-sides non-refundable):		_____
	Total Amount Due	_____

Insurance Requirements:

All renters are required to purchase a **Certificate of Insurance or Certificate of Liability**. This certificate covers your event for the specific date you request. You may purchase a **Certificate of Liability** online or contact an insurance agent. You may also purchase from Shaffer's Insurance in Florence, SC. Their contact number is 843.413.6313. Have the certificate sent to you or to: **ACR Family Resource Center, PO Box 461, Marion, SC 29571.**

Certificate of Liability _____ **Yes** _____ **No**

Security Deposit _____
 (\$100.00 Refundable if no damages; will hold dated check)

Renter's Signature _____ **Date** _____

ACRFRC Director's Signature _____ **Date** _____