



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

P O Box 231 ~ Spring Hope, NC 27882  
(252) 478-5705 or 917-880-2405



### *AUDITORIUM RENTAL CONTRACT*

I/We (hereinafter the renter) \_\_\_\_\_ representing  
(Name)

\_\_\_\_\_ contract to lease the auditorium at  
(Organization)

**SPAULDING FAMILY RESOURCE CENTER, INC. ("SFRC")** on \_\_\_\_\_  
(Date)

beginning \_\_\_\_\_ and ending at \_\_\_\_\_ for a total of \_\_\_\_\_ hours.  
(Time) (Time)

The auditorium will be utilized for \_\_\_\_\_.  
(Event)

**Terms of Agreement:** The renter will pay a rental rate of one hundred fifty dollars an hour (\$150.00/hour.) A non-refundable security deposit of \$150.00 is REQUIRED ON DATE OF SIGNATURE of this contract. This deposit includes cancellation, or no show. The security deposit will also be applied if necessary to repair any damages or cleaning expenses to the premises occurring by the renter or their guest. The auditorium will be inspected by a SFRC staff member at the close of the event. This date is reserved especially for your event.

The total time and charges of \$150 per hour will be established and agreed upon by the signing of this contract. Time must be honored, or renter agrees to pay \$150.00/hour for any additional time used. Full payment must be made one (1) week prior to the date of the event.

**REFUNDS:** The deposit will be refunded to the renter within ten (10) business days from the date of the event.

## AUDITORIUM GUIDELINES

1. Smoking is **NOT** permitted in the building at any time.
2. Lighted candles are **NOT** permitted in the building at any time.
3. **NO weapons or firearms on premises.**
4. **NO Alcohol** allowed on premises.
5. All decorations, supplies, flowers, and accessories must be promptly removed following the event. Absolutely nothing may be stapled, nailed, glued, taped, etc. to the walls.
6. **SFRC does not** assume any responsibility for items left by the guests or renter.
7. **SFRC will not** sign for, take possession of, or assume responsibility for any deliveries.
8. **SFRC's staff will be responsible** for opening and closing the facility.
9. The auditorium cannot accommodate more than 500 people.
10. **SFRC** reserves the right to decline any application.
11. **SFRC** retains the right to ask the renter or anyone from the renter's function to leave the building for misconduct.
12. I agree to indemnify and hold **SFRC** harmless from and against any and all claims and demands which may arise as a result of **SFRC** granting permission to me to enter into a Rental Agreement for use of the Auditorium, including but not limited to all claims and demands for personal injury, death, or damage to property sustained by any person, firm or corporation, together with all cost and reasonable attorney's fees for defending same.

**AGREEMENT: I understand that participation in the facility, SPAULDING FAMILY RESOURCE CENTER, INC. at 600 South Pine Street, Spring Hope, NC will be released from ALL liabilities and responsibilities. Enjoy the facility at your own RISK.**

**Total hours:** \_\_\_\_\_ **Total Cost:** \_\_\_\_\_

**I/We have read and/or had the contents of this document explained to me/us.**

**The Renter's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The Renter's Address:** \_\_\_\_\_

**Contact #:** \_\_\_\_\_ **eMail:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_

**SRFC Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_