

RULES FOR RENTING MITCHELL'S COMMUNITY CENTER

6809 GA HWY 123, Mitchell, GA 30820

- ◆ Rental Fee \$100.00
- ◆ Deposit Required \$200.00

After reading the following list of rules for renting Mitchell's Community Center, please sign and date the lower portion of this document and return it along with your payment of the rental and deposit fees. These rules are established for the benefit of the community so that everyone can enjoy using the building. **After your use of the facility, please use this as a checklist to make sure the facility is left ready for the next renter.**

RULES

1. Renter must be twenty-one (21) years of age or older. _____
2. Rent and deposit must be paid prior to the time of rental. _____
3. Alcoholic beverages and smoking are not allowed on the premises. _____
4. The renter is entirely responsible for cleaning and straightening up. Including: sweeping, mopping, wiping the counters, tables, chairs, etc. **Cleaning fees will be deducted from the deposit if the building is left unclean.** _____
5. ALL garbage must be removed by the renter. _____
6. The city does not provide items such as paper products, garbage bags, or hand soap. _____
7. If anything is broken or damaged in any manner, it shall be replaced or repaired by the renter. _____
8. NO decorating which requires the use of tape, thumbtacks, etc., on the premises will be allowed. _____
9. Tables and chairs are to be left set up for use by others. DO NOT leave tables folded away. Tables and chairs are NOT to be removed from the building. _____
10. Heating/Air Conditioning control and hot water heater must be turned off. _____
11. Piano and Buffet furnishings are NOT to be moved from their location. _____

TO RECEIVE THE KEY, YOU MUST RETURN THIS FORM, ALONG WITH YOUR RENTAL PAYMENT OF \$100.00 AND DEPOSIT PAYMENT OF \$200.00.

I do hereby acknowledge receipt of the Rules for Renting the Mitchell Community Center and agree to abide by the same.

Name _____ Date of Rental _____

Address _____

City _____ State _____ Zip code _____

Phone _____

Signature _____ Date _____

OFFICE USE ONLY: CHECK CASH CREDIT CARD REFERENCE NO: _____

PAID AMOUNT: _____ DATE: _____

REFUND ISSUED: Y N DATE: _____

NOTES: _____