



APPLICATION - FACILITY RENTAL

Organization Name: _____ Date: __/__/__

Applicant Name: _____

Mailing Address: _____
Street Address

(for deposit refund) _____
City, State, Zip Code

Phone Number: _____ E-mail: _____
(or alternate phone)

The event is: Juried Public *"Juried" means that the organization organizing the event reserves the right to select participants based on theme and/or appropriateness - "Public" requires that anyone be allowed to participate.*

Applicant is: Town Resident Non Resident Non Profit/ Civic Organization Estimated Attendance: _____

Purpose/
 Function: _____

Facility Reservation	Date(s) Requested	Time(s) requested	No. of Hours	Rate (R/NR/NP)	Deposit
Total Due				\$	\$

The applicant acknowledges receipt of the rules and regulations governing the use of all Town facilities and agrees that they will ensure compliance with them while they and their representatives are using own facilities. The Town of Pilot Mountain reserves the right to modify such rules as needed at any time. All applicants are to follow the instructions of the Town and its authorized representatives when utilizing Town facilities.

The applicant understands that they are responsible for all set up and clean up and that this time is included in the three hour (unless otherwise noted) rental time. If using Town furnishings, they must be returned to the original set-up by the applicant at the end of the reservation period. The return of any deposit paid is contingent upon favorable inspection by town staff after use of the facility rented and cancellation fees may apply.

Applicant assumes responsibility for any and all claims, damage, accidents arising out of his or her use of the facility, and further agrees to indemnify and hold harmless the Town of Pilot Mountain from any such actions and damages. The applicant understands and agrees that the Town of Pilot Mountain is not responsible for accident, injury or lost or damaged property resulting from the use of occupancy of any Town-owned property.

SIGNED _____ DATE _____
(Must be signed by the applicant)

PRINT NAME: _____

- OFFICE USE ONLY -

Reservation Completed _____	Fees Paid _____	Deposit Paid _____
Receipt/ID No. _____	Staff Initials / Comments _____	

Deposit Refund Request

Account No.	Amount	Total Request

Requested by: _____ Approved by: _____