

Wagram Recreation Center

Application For Use of Facilities

(Please fill out & return with deposit to - 24401 Marlboro St * Wagram, NC 28396)
910-369-0686

Renter Info:

Person or Organization Using Facility: _____

Address: _____ Cell #: _____

City: _____ State: _____ Zip: _____ Home #: _____

Email: _____

Event Info:

Purpose for Requesting Facility: _____

Date Requested: _____

Event Time

Arrival : _____ Total Number of hours _____

Departure: _____

Number of People Expected: _____
Number is not to exceed fire code rating

Type of Group:

Non Profit Religious

Political Private

Will admissions be charged?

Yes No

If yes, what will it be used for?

Rules:

- Must be 21 years of age or older to reserve facility.
- NO FOOD OR DRINK ALLOWED IN GYM.
- Time requested includes all time needed to set up and clean up. The building will open & close at time specified above. No early entry permitted.
- Deposit and fee are required when application is submitted for reservation. The deposit is a separate fee and will be refunded if left clean and no damage occurs. This includes all decorations being removed from facility and entrance.
- Do not tack or tape anything on walls.
- Must leave building and grounds in clean condition and bag own trash.
- NO ALCOHOL OR DRUGS ON PREMISES.

LIABILITY WAIVER:

I, the undersigned, do hereby release and forever discharge Scotland County Parks & Recreation from and against any and all liability and responsibility for any injury, illness or sickness which may result from my usage of this Park or Facility. I hereby further agree to indemnify and hold harmless Scotland County Parks & Recreation, it's agents, officers, and employees from any and all liability and responsibility in such regard.

Signature _____ Date _____

Office Use Only

In County Residents Rates <i>(Please Check One)</i>	Required Deposit	Fee Per Hour	Total Fee
Classroom	\$50.00	\$20.00 @ _____ hours=\$ _____	\$ _____
Gym	\$50.00	\$30.00 @ _____ hours=\$ _____	\$ _____
In County Residents Total Amount Due			\$ _____

Out of County Residents Rates <i>(Please Check One)</i>	Required Deposit	Fee Per Hour	Total Fee
Classroom	\$75.00	\$35.00 @ _____ hours=\$ _____	\$ _____
Gym	\$75.00	\$45.00 @ _____ hours=\$ _____	\$ _____
Out of County Residents Total Amount Due			\$ _____

P & R Employee _____ Date _____

Payment Type: (Circle One) Cash Check # _____ Debit Credit Amount Paid \$ _____ Entered In Calendar Book

Deposit Refunded Amount \$ _____ Check # _____ Date _____

Signature _____