



## City of Tega Cay

### Glennon Community Center – Lower Level

### Rental Agreement

#### Rental Information

Rental Date(s) Requested: \_\_\_\_\_.

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ *(rental time includes set-up and clean-up)*

Rental Description/Group Name: \_\_\_\_\_.

Is this a Community Rental: Y / N

Rooms Requested:

Meeting Room \_\_\_\_ Kitchen \_\_\_\_ Hearth Room \_\_\_\_

Will you be using the oven/stove: Y / N

#### Contact Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

#### Facility Information

- Rental Hours 8:00 AM – 8:00 PM
- Hearth Room \$25/hour
- Meeting Room \$50/hour
- Security deposit check \$100 *(check returned following the rental if no damage or extra cleaning required)*

## **Rental Rules and Regulations**

*Please read and initial as accepting:*

	NO ALCOHOL ALLOWED
	NO SMOKING (The Glennon Center is a smoke free building)
	No one under the age of 21 unless accompanied by an adult.
	Renter is required to clean up after their use. An additional clean up fee may be charged for inadequate clean up.
	Make sure to wipe down all counter and tabletops, clean up any spills, sweep if necessary and take all trash to the dumpster.
	Renter is required to return the room to the original configuration.
	You may not affix any item(s) to the walls, whether for display or other purposes, to avoid damaging the wall surfaces.
	If you use the dry erase board during your rental, you must wipe it clean at the conclusion of your rental.
	The group is responsible for any damage or change in condition of the property caused by the event or group. You will be charged for any and all damages over and above the \$100 deposit.
	No events are allowed to be catered per SCDHEC regulations.
	Person signing this agreement MUST be present during the entire rental.
	48 Hour cancellation notice is required, or your deposit will be forfeited
	The privilege of using this facility may be revoked if the rules and regulations are not followed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

Name (*Please Print*) : \_\_\_\_\_.

### **City Contact Information**

Walker Johnson

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803-548-3787