Name of	Renter:									
		(Photo Ide	entificati	ion Requ	uired. M	ust be a	t least 2	1 years	of age.)	
Address	:									
Phone N	umber:									
E-mail A	ddress:									
Number	of expected g	uests:		_ Type o	f Event:					
Event Da	ate:									
Communi	ity Center avai	ilable times: 9:	:00 AM t	o 12:00	AM					
Set-up an	d clean-up tim	nes must be inc	cluded ir	rental .	hours					
	CHECK-IN	CHECK-OUT	MON	TUE	WED	THU	FRI	SAT	SUN]
	L	1	1	1	1		1	L	L	J

SETUP INSTRUCTIONS

DECORATING: 3M COMMAND or SCOTCH WALLSAVER REMOVABLE TAPE are the *only products allowed* for decorating. No confetti, rice, string streamers, nails or tacks are to be used. **Expenses incurred by damage caused by decorating will be deducted from your deposit.**

MUSIC & SOUND EQUIPMENT: No music is to be played after 12:00 midnight. Renters must inform the band, DJ, etc. of this prior to the event.

TABLES AND CHAIRS: Tables and chairs will be provided at no cost to the renter. The lessee (renter) is responsible for set-up and take down of all tables and chairs for events. If more tables and/or chairs are needed for an event, the renter is permitted to bring their own. Walnut Cove is NOT responsible for any items left on the premises after an event.

KITCHEN: There are appliances available for use such as, refrigerator, oven, and microwave. Renter is responsible for emptying and cleaning these items if used. Any food left on the premises will be discarded.

CENTRAL AC AND HEATING: Ask staff for instructions on use of thermostat. Thermostat must be set on 74 degrees at time of check-out.

 PLEASE BRING YOUR OWN UTENSILS, PAPER GOODS, TRASHBAGS, CLEANING SUPPLIES (AS NEEDED). Standard chemicals will be located under kitchen sink.

DEPOSIT/RENTER LIABILITY: This agreement gives the contract holder (and guests) access to the Community Center only. **CONTRACT HOLDER IS RESPONSIBLE AND WILL BE HELD ACCOUNTABLE FOR**



ANY DAMAGES. The renter or their designee must be present during preparation (facility decorating & catering set-up) and clean-up times. All personal properties must be removed from the facility at the end of the event as the facility may be scheduled for use the next day. After the event, any damage and/or major clean-up cost will be deducted from the deposit; deductions being based on whether the clean-up after the event was satisfactory. A member of Walnut Cove POA staff or board will assess and determine level of satisfactory after check-out and sign off approval of the Deposit Return Request & Checklist. Renter must notify the POA of any damages accrued during rental of the Community Center. Damages may include, but are not limited to, damage done to the facility, equipment, or any WC POA property. If fees exceed the cost of the deposit, the contract holder will be liable and billed accordingly. Walnut Cove POA will notify the contract holder if all or part of the deposit is being held, or if the contract holder is to be billed for any additional fees. Pets are not allowed under any circumstances. Smoking inside the building and alcohol consumption on the premises is prohibited. Inspection walk thru available during office hours. (M-Th 8AM TO 5PM, F 8AM TO 4PM)

CANCELLATIONS: Cancellation includes changing the agreed date to another. Deposit and rental fees are forfeited when events are cancelled with less than 72 HRS notice.

RENTAL FEES: FEES AND DEPOSIT MUST BE SUBMITTED AT TIME OF APPLICATION

KEY PICK UP

Pavilion- <u>outside patio only</u> - no chairs, no bathroom access \$ FREE with Deposit
Only Walnut Cove residents eligible to rent \$50.00 Deposit

Pavilion- <u>inside</u> - rental includes tables, chairs, and usage of kitchen \$ 35.00/hr. – 2-hr min Only Walnut Cove residents eligible to rent \$ 300.00 Deposit

ONLY MONEY ORDERS ACCEPTED FOR FEES & DEPOSIT. Payable to Walnut Cove POA.

Rental deposits are only refundable if there is no property damage, no violation of contract, inventory is accounted for & all areas are cleaned

KEY RETURN

ВҮ	(TIME) (DATE)	ВҮ	(TIME)		
copy of the Dep	oosit Return Request & Check	list form: (Initial	<i>I)</i>		
	Date:				
	Submitted Amount:	Date:			
ist signed by:					
		copy of the Deposit Return Request & Check[Submitted Amount:	copy of the Deposit Return Request & Checklist form: (Initia Date: Date: Date:		

Deposit Return Request & Checklist

INVENTORY

	Che	ck-in	Check-out			
# Of Tables						
# Of Chairs						
	Renter's Initials	WC Rep. Initials	Renter's Initials	WC Rep. Initials		
CHECKLIST						
		Checklist				
Sweep & mop with ap						
All tables & chairs mu	· · · · · · · · · · · · · · · · · · ·		ау			
Clean restroom, inclu		floor				
Wipe down counter to	ops					
No dishes left in sink						
All appliances & wate	r turned off					
Trash removed from p	oremises					
AC should be set on 7	4 degrees					
Close all blinds						
Verify both doors are	locked					
Key deposited into dr	op box					
DAMAGE REPORT						
Pontor Signatura			Date	to		
Renter Signature:			Da	Date:		

AFTER APPROVAL OF REQUEST, DEPOSIT RETURNS CAN TAKE UP TO 14 BUSINESS DAYS TO BE PROCESSED

Office Personnel Signature: ______ Date: _____