

APPLICATION FOR FACILITY RENTAL HAYTI HERITAGE CENTER

Date: _____ **Date(s) Requested for Rental:** _____

Name of Authorized Applicant _____

Name of Organization _____

Mailing Address _____

City/State/Zip Code _____

Daytime Phone _____ Evening Phone _____ Email _____

Type of Activity/Event _____

Number of Guests Expected _____ Will admission be charged? Yes _____ No _____

Will alcoholic beverages be served?*** Yes _____ No _____ *(If yes, you must apply for a special One Time Occasion Permit from the NC Alcoholic Beverage Control Commission and provide us a copy)*

Catering Service Contact Name: _____ Phone# _____

ROOM(S) Requested _____ Date(s) _____ Day of Week _____

Time (s) Requested: Beginning _____ Ending _____

**Special Equipment Requested (Audio/Visual, etc.) - Additional charges apply for technical operations.
Additional charge of \$40 per hour. Client must contact Technical Director within 48 hours after booking the event
at 919-260-1507 or jp@hayti.org -**

PLEASE SPECIFY ROOM SET UP ONE WEEK PRIOR TO DATE OF RENTAL

I accept responsibility for any default in the contract agreement and will abide by the rules as set forth therein.

Signature of Authorized Applicant

Date of Acceptance

Authorized Staff Initials

***Note:** A non-refundable reservation fee of \$50 is due with the application to guarantee time and space requested. An additional, refundable deposit may be required prior to the event. If client cancels in writing within 30 days of event 50% of rental fee will be refunded; within 15 days of event 25% of rental fee will be refunded. Cancellation within 10 days of event will result in forfeiture of rental fee. Final payment of fee for event is due no less than 10 days before the event.*

FOR OFFICE USE ONLY

Fees	Payments Made	Amount	Total Due	Date Paid	Initial	Check #
Rental Costs: \$ _____	1st Payment	_____	_____	_____	_____	_____
Security: _____	2 nd Payment	_____	_____	_____	_____	_____
Maintenance Fee: _____	3 rd Payment	_____	_____	_____	_____	_____
Reservation Fee: <u>\$50.00</u>	Technician Services: \$ _____	(Client agrees to pay any additional requested services not included here)				

Total Due: _____ **Date Paid in Full:** _____

****For groups of 100 or more Client may be required to retain security for the event****