

# AG BUILDING RESERVATION FORM

10690 GA Highway 116, Hamilton, GA  
Harris County

Contact Name \_\_\_\_\_

Renter Group/Organization \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Type of Event \_\_\_\_\_

Is Organization Non-Profit YES NO If Yes, Tax ID# \_\_\_\_\_ AND attach copy of IRS non-profit status letter

Date of Event \_\_\_\_\_ Time for Access: Begin \_\_\_\_\_ End \_\_\_\_\_

Building access needed the day before or the day after the event? YES NO  
If "yes", what day(s)? \_\_\_\_\_ (Daily rate/day is charged) \_\_\_\_\_

# of People \_\_\_\_\_ # to Seat \_\_\_\_\_ (max 150) # of Tables \_\_\_\_\_ (max 15 - 8' tables)

### Table/Seating/Room Arrangement:

- Classic tables throughout room w/seating on both sides and ends
- Classroom tables in rows w/seating on one side only
- Rows tables in rows w/seating on both sides and ends
- Executive tables in long double row w/seating on both sides and ends
- Rectangle tables in a large "rectangle" w/seating on both sides and ends
- U-shaped tables in a large "u" shaped design w/seating on outside
- Theater chairs in rows; no tables
- Other (describe) \_\_\_\_\_
- Food/Gifts/Dessert table(s) How many \_\_\_\_\_

Use of Kitchen? YES NO

I have read and understand the Ag Building Rates & Rules, which are made part of this agreement and incorporated herein by reference, and agree to abide by same. I affirm that I represent the aforementioned organization or event and further affirm that as the organization or event representative agree to indemnify, defend, and hold Harris County, its officers, employees and agents harmless from any and all actions, claims, damages, expenses, liabilities and injuries including, without limitation, attorney's fees, arising out of the exercise of any of the rights granted or implied herein as a result of the organization's or event representative's use of the facility. I further affirm that the facility key is to be returned by 9 AM the business day next following event to the Community Center, or dropped in Drop Box at Community Center, at conclusion on event day, and that failure to do so will result in applicant/signer being charged the cost to re-key facility.

Signature of Individual or Person Acting on Behalf of Organization \_\_\_\_\_ Date \_\_\_\_\_

FEES	TOTAL DUE	Date Paid
Rental/day or any part of day (\$50/day x _____ days)		
Use of Kitchen per day (\$20/day x _____ days)		
Tables/Chairs Set Up/Take Down & Clean-up/Damages	\$ 125.00	
Total Due		
Reservation Deposit (\$50 w/in 5 days of date reservation is made; non-refundable)		
Balance Due (no less than 15 days prior to event)		
Account Balance		

### KEY

Key provided to: \_\_\_\_\_ Key #: \_\_\_\_\_  
Signature of Recipient: \_\_\_\_\_ Date signed: \_\_\_\_\_  
Key to be returned on: \_\_\_\_\_ Date returned: \_\_\_\_\_