GRACEVILLE CIVIC CENTER

CITY OF GRACEVILLE

P O BOX 637

5224 BROWN STREET

GRACEVILLE, FLORIDA 32440

DATE: _____

_____

NAME OF PERSON, PERSONS OR ORGANIZATION REQUESTING USE OF CIVIC CENTER

_____

ADDRESS CITY STATE ZIP

PHONE NUMBER_____ DATE AND TIME OF USE _____

PURPOSE: PLEASE STATE BRIEFLY REASON FOR REQUESTING USE OF CIVIC CENTER

_____

_____

NUMBER EXPECTED TO ATTEND _____

AREA AVAILABLE FOR RENT AUDITORIUM (400 CAPACITY) $50.00 PER HOUR 3 HOUR MINIMUM PLUS 7.5% FLORIDA STATE SALES TAX. BACK ROOMS $30.00 PER HOUR PLUS 7.5% FLORIDA STATE SALES TAX. CHARGES BEGIN AT TIME OF ENTRY FOR ALL USAGES (DECORATING, ETC.)

WE THE UNDERSIGEND UNDERSTAND THAT WE ARE RESPONSIBLE FOR THE CONTENTS OF THE GRACEVIILE CIVIC CENTER, CONDUCT OF THE PERSONS USING THE CIVIC CENTER AND DO HERBY AGREE TO MAKE SURE THAT THE CIVIC CENTER IS LEFT IN THE SAME CONDITION IN WHICH IT WAS FOUND. A COPY OF THE CIVIC CENTER RULES IS AVAILABLE UPON REQUEST.

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SIGNATURE OF RESPONSIBLE PERSON(S) ADDRESS OF RESPONSIBLE PERSON (S)

PLEASE PROVIDE SET INFORMATION ON BACK OF FORM.