



Town of Atlantic Beach

717 30th Avenue South
Atlantic Beach, SC 29582
Phone: 843 663-2284
Fax: 843 663-0601

COMMUNITY CENTER RENTAL AGREEMENT

PLEASE TYPE OR PRINT CLEARLY ON THIS APPLICATION WITH A BALLPOINT PEN

- I, _____, representing _____,
Organization (if applicable)
hereby request permission to use the following facility: _____
- Date(s) of use: _____
Time of use: From _____ AM/PM to _____ AM/PM (includes setup and cleanup time)
- The purpose of this use will be: _____
- Anticipated maximum attendance: Total Adults _____ Youth _____
- Will other paid services be used (i.e. commercial caterer, DJ, band, concessions, etc.)? Yes _____ No _____
If yes, please provide the name and contact number:
Name: _____ Phone #: _____
Name: _____ Phone #: _____
- Emergency Contact Name: _____ Phone #: _____

It is expressly understood and agreed that the applicant assumes all risks for loss, damage, liability, cost, or expense that may arise during or be cause in any way by use or occupancy of the facilities of the Town of Atlantic Beach, South Carolina. The applicant further agrees that in consideration of being permitted to use the facility, said renter will save and hold harmless the Town of Atlantic Beach, SC, its officers, agents, employees, and volunteers from any loss, claims, and liability damages and/or injuries to persons and property that in any way are cause by the applicant's use of occupancy.

I, the undersigned, hereby certify to abide by the regulations governing the said facility and agree to abide by all Town of Atlantic Beach, SC ordinances and rules and/or policies, and be representative of the user organization. I agree that the sale or distribution of alcoholic beverages is strictly prohibited. Furthermore, I agree to be personally responsible for any damages, loss sustained by the grounds, building, furniture or equipment, or unusual cleanup occurring through the occupancy of said facilities. The Town of Atlantic Beach, SC reserves the right to revoke this rental agreement if deemed necessary.

Acceptable payment is Cashier's Check or Money Order.

Date Completed: _____ Print Renter's Name: _____
Renter's Address: _____ Renter's Signature: _____
Renter's City, State, Zip: _____ DL# _____
Phone Number (Home/Cell): _____ Phone Number (Work): _____

ONCE APPROVED, HAVE A COPY OF THE APPLICATION IN POSSESSION DURING USE

COMMUNITY CENTER RENTAL FEES

Week Day Rate (8:00AM – 5:00PM)	Monday-Thursday	\$75.00 per hour
Weekend Rate (8:00AM – 5:00PM)	Friday	\$100.00 per hour
Weekend Rate (8:00AM – 5:00PM)	Saturday-Sunday	\$125.00 per hour
Refundable Security Deposit		\$200.00

REFUND POLICY: A 72 HOUR WRITTEN NOTIFICATION IS REQUIRED TO RECEIVE A DEPOSIT REFUND

TOWN OF ATLANTIC BEACH STAFF ONLY:

RENTAL AMOUNT RECEIVED: _____ RECEIPT NUMBER: _____ RECEIVED BY: _____