



**BESSEMER CITY PARKS & RECREATION
COMMUNITY BUILDING RENTAL AND USER-GROUP APPLICATION**

Office Use Only
Event Date _____
Total Hrs. _____
Pd. in Full Date _____
Liability Ins _____

Allan Farris Community Center | 220 South 14th Street, Bessemer City, NC 28016 | Phone # 704-629-5111

This facility application must be completed and returned to Allan Farris Community Center for all rental request and/or user-group request. Applicants must read all relevant building information/procedures and be 21 years of age or older.

Today's Date _____

Applicant Information

Applicant Name _____ Date of Birth _____
 Address _____ City/State/Zip Code _____
 Phone (Home) _____ Phone (Cell/Work) _____
 Email Address: _____

Rental Use Information

Nature of Event _____
 Date of Event _____
 Time of Event (Fill in time requested) - Beginning time: _____ Ending time: _____

Time slots are available in 8 hour increments, beginning at 10:00 am in the morning and ending no later than 11:00 pm.

All time requests include Room Set-up & Clean up.

Additional time is available at an additional fee (\$100/hour) Extra time requested (*state time*) _____ to _____
 Total Number Persons Expected _____ Age group? ___ 11 years or younger ___ 12-18 years ___ 18 years +
 Rental for a Non-Profit Organization? ___ Yes ___ No
 Name of Organization (if applicable) _____

Will food be served? ___ Yes ___ No Caterer? ___ Yes ___ No Family/Covered Dish? ___ Yes ___ No
 Will there be music, band or DJ? ___ Yes ___ No

Rental Time: *Your use of the facility is for the exact time you pay to rent. There is no time provided before to set up and no time after provided for cleanup. You must pay to rent the facility for these purposes. The community building will operate during regular hours and will only be open for outside rentals after hours and on weekends. **Extended rental time:** You may only pay to extend your rental time during regular operating hours. Extended hours must be paid two weeks prior to your rental date.*

Signature of Applicant _____

Office Use Only
Date Application Received _____ Total Rental Charges Assessed _____
Special Accommodations required? _____ General Liability Insurance _____ Yes _____ No
Staff Signature: _____
Security Deposit & Method _____ Date Pd. _____ Receipt #: _____
Payment Amt & Method _____ Date Pd. _____ Receipt #: _____
Payment Amt & Method _____ Date Pd. _____ Receipt #: _____
Extra Time Fee (\$____) & Method _____ Date Pd. _____ Receipt #: _____
Deposit returned: Date _____ Check #: _____
Notes _____