

Recreation Facilities
Rental Request Form



Date: _____

Rental Information

Full Name: _____

Organization/Business Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Home Number () ____ - ____ Cell Number () ____ - ____ Email: _____

If you would like to receive email promotions from the Recreation Department, please check here

Event Information:

Date of Event: _____ Type of Event: _____

Specific Location: _____ Estimated Attendance: _____

Event Start Time: _____ Event End Time: _____

Estimated Tables: _____ Estimated Chairs: _____

User acknowledges that it is operating independently and neither User nor any of User's employees or agents are employees or representatives of Calhoun County Recreation Department harmless from any liability for injury or damage to persons or property resulting from its use of this facility, and shall indemnify Calhoun County Recreation Department for any claims or damages arising hereunder. I understand that once the agreement becomes a reservation I become financially obligated to the terms of the contract. By signing this agreement, I agree to all terms listed in the agreement.

Responsible Party Printed Name

Responsible Party Signature

*Please Return to: Recreation Office at John Ford Community Center
304 Agnes St.
St. Matthews, S.C. 29135*

Recreation Department Use Only

Approved

Disapproved

Comments:

Recreation Department Representative