

# Hallett Community Center Event Booking Form

## Renter Information

Contact Person: \_\_\_\_\_ Are you a member?    Y    N

Organization / Company (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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## Rental Information

Date of function: \_\_\_\_\_ Estimated # of guests? \_\_\_\_\_

Start time: \_\_\_\_\_ am / pm      End time: \_\_\_\_\_ am / pm

Event Title: \_\_\_\_\_

Which Room(s) would you like to reserve? Rooms are booked in 4 hr. blocks

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Conference Room | <input type="checkbox"/> Pool<br>Time: ___ to ___ | <input type="checkbox"/> Waterslide<br>(Lifeguard required)<br>Time: ___ to ___ |
| <input type="checkbox"/> Dry Arena       |   |   |
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Room Rental Fee: \_\_\_\_\_ + Tax: \_\_\_\_\_ = Total Rental Payment: \_\_\_\_\_

\*Lifeguards will have an additional fee on day of event due\*

## Event Refund and Cancellation Policy

The rental fee is to be paid at the time of booking or within 72 hours of reserving the space. Any cancellation 7 days or more before the event may be refunded in full. Any cancellation 3 - 6 days before the event may be refunded half the original amount. Any cancellation made 2 or fewer days before the event will not be refunded and may not be able to be rescheduled.

Exceptional destruction or cleaning needs will result in additional billing.

My signature indicates my approval of the time, date(s), all fees, and requirements of my event booking.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please read the *Hallett Center Event Booking Policy Handout*

I have read and understand the event booking policy and all associated requirements. I am aware of the setup and tear down times and I am taking full responsibility to pay for any damages or neglect in accordance with what the Hallett Center of Crosby has set forth. By signing and initialing this page, I am stating I have read and agree to the policies listed in the Hallett Center Event Booking Policy.

Renter's Name (Print): \_\_\_\_\_

Renter's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Initial: \_\_\_\_\_ Date: \_\_\_\_\_

A card on file for incidentals is required to book any event space

Credit Card Authorization	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name:	
Card Number:	CVV:
Expiration: (mm/yy)	ZIP code:

I, \_\_\_\_\_ Authorize the Hallett Center of Crosby to charge my credit card listed above for any cleaning fees or damages incurred during the date and time I am renting the space.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please select how you would like to pay for your room rental fee:

Cash     Card listed above     Different Card     Check

I authorize my room payment and tax will be paid today with the payment method selected above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----FOR STAFF-----

Date Completed: \_\_\_\_\_

Staff Initials: \_\_\_\_\_