



NORTH CENTRAL FLORIDA YMCA FACILITY RENTAL REQUEST FORM

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EVENT DETAILS	EVENT DATE	TYPE OF EVENT		EVENT TIME	
CONTACT PERSON	Ms. Mrs. Mr.	FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH
C O N T A C T I N F O	STREET ADDRESS				
	CITY		STATE	ZIP CODE	
	DAYTIME PHONE		EVENING PHONE		
	EMAIL ADDRESS				
	MEMBERSHIP UNIT ID#				

FACILITIES AVAILABLE
Please check area(s) requested for your event. Prices indicated are Member / Non Member rates PER HOUR.

Green Resource Room (capacity 50 people) \$30 / \$45
 Blue Resource Room (capacity 50 people) \$30 / \$45
 Basketball Gym (capacity 200 people) \$75 / \$90

Facility Rental is subject to availability. Gym and Resource room rentals are not available during NCF YMCA Childcare hours.
 Facility rental is not confirmed until you have received a phone call from the Membership Director and payment of your Reservation Deposit is received.

TOTAL AMOUNT DUE FOR FACILITY RENTAL (NOT INCLUDING DEPOSITS) \$ _____ PER _____ HOURS = \$ _____

FACILITY RENTAL TERMS AND CONDITIONS (Please initial where indicated to acknowledge agreement.)

1. I understand that a **\$50 non-refundable Reservation Deposit** is due at the time of rental request to reserve the time and date requested for my event, and will be applied as a credit to my final balance due. Should I decide to cancel my event, the **Reservation Deposit** is not refundable. _____
2. I understand that a **\$50 Resource Room / \$100 Basketball Gym CASH Security Deposit** is due one week prior to the date of my event. Should I decide to cancel my event, this deposit will be refunded. Should my event run longer than scheduled, or should there be any damages to the facility and/or trash left over from my event, I understand that I will forfeit my **Security Deposit and may be charged additional fees.** _____
3. I understand that the balance of fees due for my event is due no later than 24 hours prior to my event. Should I fail to pay the balance due on time, I will forfeit all deposits paid, and my event will be cancelled. _____
4. I understand that illegal substances, alcoholic beverages and tobacco are **NOT PERMITTED ON THE YMCA PREMISES.** If anyone at my event is caught with any of the above-mentioned substances on the YMCA premises, I understand that my event will be shut down and **all fees paid will be forfeited.** _____
5. I understand that food/beverages are only permitted in the Resource Rooms or on the Gym Patio. If I have not rented either of these facilities, I understand that food/beverages are not permitted at my event. _____
6. I understand that I am not permitted to hang any decorations on the walls in the Resource Rooms or in the Basketball Gym. _____
7. I understand that NCF YMCA staff on site is not required to assist with clean-up of my event in any way. I understand that NCF YMCA staff on site is only required to direct me to the location for proper disposal of trash/waste from my event. Furthermore, I understand that it is my responsibility to provide trash bags for disposal of waste at my event. I understand that trash/waste leftover from my event that is not disposed of properly will result in forfeit of my **Security Deposit.** _____
8. I UNDERSTAND THAT MY SECURITY DEPOSIT WILL BE RETURNED WITHIN 2 BUSINESS DAYS (M-F) OF MY EVENT, AS LONG AS I HAVE NOT VIOLATED ANY TERMS OF THIS AGREEMENT. _____

 Signature of Person Renting Facility _____
 Date

FOR OFFICE USE ONLY:

PRE-EVENT DETAILS:

DATE OF EVENT CONFIRMATION: _____ STAFF INITIALS: _____ NOTES: _____

INITIAL DEPOSIT RECEIVED: \$ _____ (CIRCLE ONE) VISA / MASTERCARD / AMEX / DISCOVER / CHECK / CASH / OTHER DATE RECEIVED: _____ STAFF INITIALS: _____

SECURITY DEPOSIT RECEIVED: \$ _____ (CIRCLE ONE) VISA / MASTERCARD / AMEX / DISCOVER / CHECK / CASH / OTHER DATE RECEIVED: _____ STAFF INITIALS: _____

FINAL BALANCE RECEIVED: \$ _____ (CIRCLE ONE) VISA / MASTERCARD / AMEX / DISCOVER / CHECK / CASH / OTHER DATE RECEIVED: _____ STAFF INITIALS: _____

POST-EVENT DETAILS:

DID EVENT END ON TIME? _____ (Y / N) DAMAGE/CLEAN-UP REQUIRED? _____ (Y / N) RETURN OF SECURITY DEPOSIT? _____ (Y / N) DATE _____ STAFF INITIALS: _____