



# NORTH CENTRAL FLORIDA YMCA FACILITY RENTAL REQUEST FORM

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

<b>EVENT DETAILS</b>	EVENT DATE	TYPE OF EVENT		EVENT TIME	
<b>CONTACT PERSON</b>	Ms. Mrs. Mr.	FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH
<b>C O N T A C T  I N F O</b>	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.)**

- 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. \_\_\_\_\_
- 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.** \_\_\_\_\_
- 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. \_\_\_\_\_
- 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.** \_\_\_\_\_
- 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. \_\_\_\_\_
- I understand that I am not permitted to hang any decorations on the walls in the Resource Rooms or in the Basketball Gym. \_\_\_\_\_
- 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.** \_\_\_\_\_
- 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: \_\_\_\_\_