



Ivy Community Center, Incorporated

4222 Fayetteville Road
Phone 919-484-2223

Durham, NC 27713

Fax 919-405-2071

Email Address: ivycommunitycenter@alphazetaomega.org

Time Received: _____

FACILITY USE APPLICATION

Name of Person(s) Responsible: _____

Business/Organization Name: _____

Representative /Title (i.e. Event Planner): _____

Mailing Address: _____

City/State/Zip Code: _____

Email Address: (Print Legibly) _____

Telephone: Home _____ Cell _____ Work _____

RENTAL INFORMATION

Applicant is responsible for set up of room unless room set up is requested.

Type of Event (i.e. birthday, company party, retirement, etc.) _____

List all activities planned for the event: _____

Date of Event: _____ Day of the Week: _____

Set-up Time: _____ Take-down Time: _____

Start Time of Event: _____ Event End Time: _____

Estimated Attendance: _____

Youth (under 21) _____ Adults (21 yrs. & older) _____

Type of Entertainment (i.e. DJ, Band, Entertainer, etc.) _____

Please check all applicable boxes in each section

Room(s) Requested	Additional Requests	Food Service
<input type="checkbox"/> Full Multi-Purpose Room (maximum 6 hours) <input type="checkbox"/> Half Multi-Purpose Room (maximum 6 hours) <input type="checkbox"/> Conference Room (maximum 4 hours) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Chairs (Maximum 200) # _____ <input type="checkbox"/> 60" Round Tables (maximum 20) # _____ <input type="checkbox"/> 45" Round Tables (maximum 5) # _____ <input type="checkbox"/> 6" Rectangular Tables (maximum 13) # _____ <input type="checkbox"/> Podium # _____	<input type="checkbox"/> Kitchen (stove/microwave for warming only) <input type="checkbox"/> Dance Floor <input type="checkbox"/> Janitor Service (required for ALL events) <input type="checkbox"/> Beer/Wine/Alcohol-mixed mixed beverages (requires ABC Permit) <input type="checkbox"/> Security Guard (required for ALL entertainment/social events and ALL events serving alcoholic beverages – (Refer to ICC Office Management) <input type="checkbox"/> Room Set Up Request – separate fee (Refer to ICC Office Management)	<p><i>[Please check Janitor Service when food is served. Food trucks & grilling/cooking outside facility are prohibited.]</i></p> <input type="checkbox"/> Beverages/Snacks Only <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> No Food/Beverages <input type="checkbox"/> Name of Caterer _____

Name: _____

Please read and initial each statement below:

- _____ I understand the application fee is non-refundable and is required to begin the rental contract process.
- _____ I have obtained, read, and/or received a copy of the Facility Use Guidelines and agree to abide by the facility's rules and regulations.
- _____ I understand that smoking is prohibited in the facility.

LIABILITY AND WAIVER/INDEMNIFICATION AGREEMENT

I/We have read and fully understand all information in this Facility Use Application and the Facility Use Policy attached to this application as it pertains to the rules, regulations, rental rates and cleaning procedures of the Ivy Community Center (ICC), and hereby agree to comply fully with them and with the rules, guidelines and procedures specified in the documents. It is further understood and accepted that ICC WILL NOT be held liable for any accidents or injuries occurring to persons in attendance at this event. Therefore, I/We hereby release and agree to indemnify and hold harmless the Ivy Community Center, Inc., its agents, officers and members from any and all liability, actions, damages and claims of any kind and nature whatsoever (including but not limited to liability actions, damages and claims caused by or arising from the negligence of the Ivy Community Center, Inc., its agents, officers or members) for injury, harm or damages to my/our person or property that may arise or occur during or in connection with my/our rental or use of the Ivy Community Center. In the event of any damage to the facility, grounds or ICC equipment during usage, or failure to restore the facility to satisfactory condition following usage, the undersigned or the organization named above agrees to be responsible for such damage as determined by ICC Management. I/We understand and agree that this reservation may be cancelled at any time before or during the scheduled event as outlined in the ICC Facility Use Policy or otherwise communicated by ICC Management. I declare under penalty of perjury under the laws of the State of North Carolina that the information I have provided in this rental application is true and correct to the best of my knowledge.

Print Name: _____

Signature: _____

Date: _____

OFFICE USE ONLY			
Date Received: _____		Time Received: _____	
Amount Paid: \$ _____ Application Fee		\$ _____ Rental Deposit \$ _____ Other	
Payment Type:			
<input type="checkbox"/> Money Order	<input type="checkbox"/> Bank Cashier's Check	<input type="checkbox"/> Business Check	<input type="checkbox"/> Credit/Debit Card
<input type="checkbox"/> Copy of Application & Facility Use Guidelines given to Renter _____ ICC Management Initials			
ICC Office Manager Signature: _____			
ICC Application Approval (Signature)			