

Town of Collierville

Parks, Recreation and Cultural Arts Department

Application for Renting H.W. Cox Community Center Gymnasium

Total Rental Fee for Event: _____

Form Due Back: _____ Rental Date(s): _____ Time _____ am/pm until _____ am/pm

Type of Activity: _____ Expected Number attending: _____

Name of Individual Responsible: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Day Phone: _____ Cell Phone: _____

Name of Organization/Association/Business (if any): _____

Is this a fundraiser? Yes No

RENTAL FEE

\$800.00 per day	(Collierville Resident)	\$1,000.00	(Non-Resident)
\$1,400.00 for two days	(Collierville Resident)	\$1,600.00	(Non-Resident)
\$400.00 for each additional day after two days		\$600.00	(Non-Resident)

Event hours shall be 8:00 am until midnight (including setup and cleanup).

In order for the Department to hold your reservation, a \$200.00 damage deposit must be received on the day reservation for gym is taken. The additional fees listed above must be received within fifteen (15) working days. Failure to do so could result in loss of reservation.

CANCELLATIONS MUST BE MADE 20 DAYS PRIOR TO RENTAL DATE TO RECEIVE A REFUND. NO ALCOHOLIC BEVERAGES OR SMOKING ALLOWED IN GYMNASIUM.

I agree to abide by the policies furnished me and to assume responsibility for all damages to the facilities and for loss of property as a result of failure to abide by these policies. I have read and understand all policies.

Renter Signature

Date

Approved/Disapproved by: _____ Date: _____

Total Fee Due: _____ Amount Paid: _____ Balance Due: _____ Date Due by: _____

Check #: _____ Cash: _____ Receipt #: _____ Date Taken: _____

Staff Member Taken By: _____ Deposit Paid: _____ Check #: _____ Date: _____