



3107 2ND AVENUE NORTHWEST, HICKORY, NC 28601 (828)322-3921

NAME (PLEASE PRINT): _____

ADDRESS: _____

_____ PHONE: _____
(CITY) (ZIP CODE)

BUSINESS NAME (IF APPLICABLE): _____

DATE RESERVED: _____

RENTAL PURPOSE (BABY SHOWER, REUNION, ECT.): _____

LOCATION REQUESTED:

<input type="checkbox"/> RECREATION CENTER	<input type="checkbox"/> RECREATION CENTER	<input type="checkbox"/> RECREATION CENTER
BUILDING 8AM - 11PM	GROUNDS (UPPER FIELD)	GROUNDS (LOWER FIELD)
<input type="checkbox"/> GAZEBO		

TIME RESERVED (FOR GAZEBO OR GROUNDS ONLY):

<input type="checkbox"/> 8 AM-12 NOON	<input type="checkbox"/> 1 PM-5 PM	<input type="checkbox"/> ALL DAY (8 AM-5 PM)
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LIABILITY

I, _____ by the signing of this document do accept responsibility for any property loss and/or damage to the Long View Recreation Center while I am renting and in control of the facilities.

REQUIRED - I agree to provide (at time of picking up key) a copy of the renters insurance agreement (in the amount of no less than \$300,000.00) that I have acquired.

I also agree to and understand that if there is property loss and/or damage to the facilities that the Town of Long View may withhold part or all of my deposit for the amount of such property loss and/or damage.

I also agree to and understand that before my deposit will be refunded, the building/gazebo/grounds will be checked for property loss and/or damage BEFORE it is used again.

I, _____ by signing this document have received a copy of rules and regulations of the rental of the Long View Recreation Center and do agree to follow these rules and regulations set forth by the Town of Long View regarding the use of the facilities. I understand that my deposit will not be refunded if all rules and regulations are not followed.

I do hereby release the Town of Long View and the Town of Long View Recreation Department of any and all liability in case of an accident or injury.

SIGNED

TODAY'S DATE

WITNESS

(FOR OFFICE USE ONLY)

KEY# _____

KEY PICKED UP DATE: _____

KEY RETURNED DATE: _____

REFUND OF KEY DEPOSIT: YES NO PARTIAL: _____

IF NO OR PARTIAL SELECTED, REASON (ATTACH PICTURES):
