



## LOTTIE BEAL GIBSON CENTER OF EXCELLENCE RENTAL AGREEMENT

### RENTAL PARTY INFORMATION

**PARTY REQUESTING ROOM:** \_\_\_\_\_ Non-Profit  Yes  No

Primary Contact Name:	Alternate Contact Name:
Primary Contact Email:	Alternate Contact Email:
Primary Contact Phone:	Alternate Contact Phone:

Billing Address: \_\_\_\_\_

Purpose of Use: \_\_\_\_\_

Meeting/Training Title: \_\_\_\_\_

Request Date of Usage: \_\_\_\_\_ Estimated # Attending: \_\_\_\_\_

Time Requested: **FROM:** \_\_\_\_\_  AM  PM **TO:** \_\_\_\_\_  AM  PM

What time will you need to set up? \_\_\_\_\_  AM  PM

### RENTAL AGREEMENT CONDITIONS

- A 50% deposit is due when the rental agreement is signed. The final rental amount must be paid 7 business days prior to the event.
- Cancelation Policy: If rental is canceled by the requesting party 7 business days prior to the event, the deposit will be refunded. If the renter cancels within 7 business days of the event, the full rental amount will be forfeited.  
**\*\*\*The Phoenix Center reserves the right to cancel a rental at any time, in which case a full refund will be offered.\*\*\***
- If inclement weather conditions occur, every attempt will be made to reach the contact person(s) listed on the agreement. The Phoenix Center follows the closing schedule of the Greenville County Government Offices and announcements regarding closings will be made through local television outlets and the Phoenix Center Facebook Page. If a cancelation occurs **due to the Phoenix Center's closing**, a full refund will be issued.
- Regular Phoenix Center business hours are 8:30a – 5:00p Monday – Friday. Events requested outside of these hours will require special approval and will incur a \$100 fee.
- The requesting group may rearrange the room to suit the needs of the user. However, the area must be returned to its original condition at the conclusion of the event. Users must clean up items associated with the event and place all trash in designated trash receptacles.
- If food and/or beverages are served, the requesting group must clean up the room and serving areas to its original condition at the conclusion of a scheduled event.
- The use of alcoholic beverages and illegal drugs is strictly prohibited in any area of the Phoenix Center facilities. In addition, smoking inside the facility is prohibited.
- The Phoenix Center is not responsible for any personal property left at the facility.
- The cost of facility repairs and/or equipment replacement will be charged to the requesting group if the facility or equipment is damaged during their scheduled event.
- The requesting group is responsible and liable for all persons attending event including responsibility for potential accident or injury not due to negligence. The requesting group and event attendees agree not to hold Phoenix Center responsible for any injuries or accidents sustained during the rental period on Phoenix Center property.

ROOM	ROOM ARRANGEMENT	CAPACITY	RENTAL RATE	NON-PROFIT
<input type="checkbox"/> <b>GIBSON ROOM</b>	<input type="checkbox"/> Classroom (Tables/Chairs)	Max 60	<input type="checkbox"/> Half Day \$250	<input type="checkbox"/> Half Day \$125
	<input type="checkbox"/> U Shape (Tables/Chairs)	Max 30	<input type="checkbox"/> Full Day \$400	<input type="checkbox"/> Full Day \$250
	<input type="checkbox"/> Square (Tables/Chairs)	Max 40	<input type="checkbox"/> After Hours +\$100	<input type="checkbox"/> After Hours +\$100
	<input type="checkbox"/> Theatre (Chairs Only)	Max 98		
<input type="checkbox"/> <b>MEDIUM ROOM</b>	<input type="checkbox"/> Classroom (Tables/Chairs)	Max 30	<input type="checkbox"/> Half Day \$175	<input type="checkbox"/> Half Day \$100
	<input type="checkbox"/> U Shape (Tables/Chairs)	Max 18	<input type="checkbox"/> Full Day \$275	<input type="checkbox"/> Full Day \$175
	<input type="checkbox"/> Square (Tables/Chairs)	Max 24	<input type="checkbox"/> After Hours +\$100	<input type="checkbox"/> After Hours +\$100
	<input type="checkbox"/> Theatre (Chairs Only)	Max 50		
<input type="checkbox"/> <b>BOARD ROOM</b>	<input type="checkbox"/> Oval Board Room Table	Max 14	<input type="checkbox"/> Half Day \$150	<input type="checkbox"/> Half Day \$75
	<input type="checkbox"/> Table and Side Chairs	Max 20	<input type="checkbox"/> Full Day \$200	<input type="checkbox"/> Full Day \$150
			<input type="checkbox"/> After Hours +\$100	<input type="checkbox"/> After Hours +\$100

**WEEKEND RATE**       \$350 Half Day       \$500 Full Day

OTHER ITEMS	
Will you have a PowerPoint or need a projector? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, will you <input type="checkbox"/> Bring your own computer <input type="checkbox"/> Use one of our computers (please bring a flash drive with your PowerPoint)	
Other Items Available: <input type="checkbox"/> Microphone (Gibson Room only) <input type="checkbox"/> Slide Advancer/Laser <input type="checkbox"/> Flip Chart	
<input type="checkbox"/> Any Other Items? _____	

REFRESHMENT/FOOD	
<b>COMPLEMENTARY BEVERAGES</b>	<input type="checkbox"/> Coffee <input type="checkbox"/> Water Dispenser
<b>WILL YOU BE BRINGING FOOD?</b>	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Other _____
Time: _____	Time: _____      Time: _____
Notes: _____	Notes: _____      Notes: _____

I hereby affirm that the information given above is true and accurate and that I am authorized to act on behalf of the named organization. I acknowledge that I will be responsible for informing all participants at the event of the conditions and restrictions regarding the use of the facility. Manually signing or electronically entering a signature indicates my agreement to the conditions set forth in this document.

**AUTHORIZED REPRESENTATIVE**

_____	_____
Print Name	Title
_____	_____
Signature	Date

Please email completed agreement to [sbentley@phoenixcenter.org](mailto:sbentley@phoenixcenter.org)      Please call 864-467-3065 with any questions.  
**Payment can be made with credit card over the phone or in person or by check payable to:**  
**Phoenix Center, PO Box 1948, Greenville, SC 29602**

<b>Office Use Only:</b>	Date Received: _____	<input type="checkbox"/> Approved
	By: _____	<input type="checkbox"/> Info Added to Calendar