

Jones House Community and Cultural Center Large Private Event or Reception Form

(For events involving 25 or more participants. Use Wedding Form for weddings.)

Person making arrangements (Responsible Party) _____

Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____ (day) _____ (night)

Email _____ Alternate number _____

Contact Person _____

Title _____

Address _____

City _____ State _____ Zip _____

Telephone _____ (day) _____ (night)

Email _____ Alternate number _____

Will this person be present at all times during the event? _____

If not, who will be present and in charge when the contact person is not present? _____

Type of

Event _____

Date of event _____ Time of event _____

Set-up time/day _____ Clean-up time/day _____

(No supplies or food may be brought into the building prior to the scheduled time of usage, nor left afterwards.
Please allow adequate time for set up and clean-up when reserving the building.)

Room(s) to be Used or Decorated

_____ Estimated Number Attending

Caterer's Name _____

Telephone Number _____

Will you be serving alcohol? _____ Type _____

Bartender's

Name _____

Date and number of alcohol permit _____

Other Professional (Performer, DJ,
etc.) _____

Type of Service

Telephone

Number _____

If there will be music, sound amplification, or any other noise impact, please describe:

The sound equipment of the Jones House Community Center may only be set up and operated by pre-approved persons who are appointed by the Executive Director. If these services are requested, the hourly fee must be paid directly to the appointed sound technician at the end of the event. The Jones House equipment is capable of playing a single CD or an audio-tape. We do not recommend that sound be used inside the building.

Will you need sound equipment? ____ What time will this need to be set up? _____

How long will you need the sound equipment? _____

How many microphones will be needed? _____

Do you plan to use a CD or an audio-tape? _____

Contact Person for Sound Needs _____

Phone (day) _____ (night) _____

Please attach or use the reverse side of this page to provide a complete schedule of all plans and activities (from setup through cleanup) with times and event details, indicating which portions of the building will be used during each part of the event. *Permission to use the facility will not be granted without this schedule.*

List below all furniture you would like to move (permission must be granted by Executive Director):

- Rental of the entire building is required for private events.
- A cleaning deposit is required for all private meetings and receptions and may be refunded at the discretion of the Executive Director.
- Plans to serve alcohol must be approved in advance by the Executive Director and an additional alcohol deposit is required and may be refunded at the discretion of the Executive Director.
- A staffing fee is required for all private events and is payable directly to the staff person at the completion of the event.
- If sound equipment is to be used, an hourly fee to be paid to the appointed sound technician is required for all private events and is payable at the completion of the event.

Any fees owed for exceeding the scheduled hours will be deducted from the applicable deposits. Failure to comply with the rental policies of the Jones House Community Center will result in the forfeiture of all deposits. All monies are deposited with the Town of Boone and refund checks are issued through the town. A processing fee will be charged by the town for returned checks.

THE ARRANGEMENTS LISTED ABOVE ARE INVALID WITHOUT THE FOLLOWING SIGNATURES:

I have received a copy of the Jones House Community Center Usage and Rental Policies and have read them and agree to all conditions and requirements outlined therein.

Signed _____ Date _____
(Responsible Party)

I have met with the appropriate parties listed above and approve all activities described herein.

Signed _____ Date _____
(Executive Director)

Payment Record: Deposits: Date pd _____ Amount pd _____ Accepted by _____

Rental Fee:

Date pd _____ Amount pd _____ Accepted by _____

Assigned Staff person _____ Phone _____

Assigned Sound Technician _____ Phone _____

CONDITION of Premises following Usage

Staff Signature _____ Date Inspected _____

Deposit Refunded (amount) _____

Date Refund Authorized to Town of Boone _____

Notes: