MARY ALICE SENIOR SHIPP CENTER

710 West Price St. Sylvester GA, 31791 Phone Number (229)776-8505



CITY OF SYLVESTER FACILITY REQUEST

FACILITY REQUEST

Please complete this form completely. Failure to do so will forfeit request of facility.

Facility Requested: _____

(Name of Facility Requested) PLEASE PRINT

I hereby make applicate to the use of any City of Sylvester facility for the purpose as stated. I, the undersigned, do hereby release, forever discharge, and hold harmless the City of Sylvester, its officers, directors, employees, agents, and members of from all liability, actions, suits, damages, or claims arising from any loss, damage, or injury while using the facility. Furthermore, I have read and understand all the rules and regulations pertaining to the use of the facilities and agree to abide by them. I have also received as part of this application the following code sections as they appear in the City of Sylvester Code Book: (1) Code Section 70-12. Excessive, unnecessary and unusually loud noise. (2) Code Section 74-1. Conduct at parks, playgrounds and recreation facilities. The User of facility shall properly supervise and protect all individuals participating in the use of facility. Alcoholic beverages shall NOT be sold, served or consumed on City of Sylvester property. The User of Facility must comply to City of Sylvesters codes and ordinances.

DATE OF EVENT: _____ **NUMBER OF PEOPLE**_____

Individual/Organization requesting facility: _____

Address: _____

Phone #: _____ Emergency Phone #: _____

Email Address: _____

What time(s) will the facility be occupied? _____

Detail Description of Event held in Facility: _____

_____ I understand, I cannot enter the facility until the reserved day(s).
(INITIAL HERE)

ALL CANCELLATIONS MUST BE GIVEN 2 WEEKS PRIOR TO DATE RENTED FOR FULL REFUND

INDIVIDUAL RESPONSIBLE OF FACILITY: _____ Date: _____

CITY OF SYLVESTER CSR: _____ Date: _____

Office Use Only: Please Select Check box for Facility Rental

☐ HHWOOLARD CENTER	☐ JEFFORDS PARK	☐ MARY ALICE SHIPP	☐ TRAIN DEPOT
Rental: $220.00 *Deposit: $150.00*	*Rental: $ 120.00* *Deposit: $ 50.00*	*Rental: $ 220.00* *Deposit: $ 150.00*	*Rental: $600.00* *Deposit: $250.00*

KEY NO. _____

Person picking up key_____ ***Person picking up deposit***_____

Important Reminders

- DO NOT enter the building before your reservation date. This building is rented during the week and may be reserved.
- Clean up according to the guidelines set forth within your contract to ensure your refund.
- Please do not put tape on walls or ceilings, it is a violation of rental guidelines.
- NO PETS ALLOWED
- THE BUILING SHOULD BE CLEANED AND EVERYONE DISPERSED OUT NO LATER THAN
    - *Henry Hall Woolard 12:30 a. m.*
    - *Jeffords Park 10:00 p.m.*
    - *Mary Alice Shipp 12:30 a. m.*
    - *Train Depot 10:00 p. m.*

- All Cleaning Supplies should be placed back in designated area.
- All tables and chairs must be places back in the designated area.
- If keys are lost deposit will be forfeited.
- If key is not returned on the following business day of your rental deposit will be forfeited.
- No waterslides, no bouncy houses
- No alcohol on premises
- No smoking or vaping in any City of Sylvester buildings.
- No tape on walls or ceilings.
- The lessee or Organization using or renting the facilities will be responsible for any damage to the building, window, furniture, equipment, etc. Any violation is subject to denial for future use. All damages incurred to property while under their control shall be liable and pay to THE CITY OF SYLVESTER.

- IF ANY ISSUES UPON ARRIVAL OR PROBLEMS WITH THE A/C- HEATING PLEASE CONTACT RICHIE CHILDERS (229)357-0714

Failure to abide by these rules will automatically forfeit your deposit

Mary Alice Shipp Center

Capacity total: 75
Number of Black chairs: 45
Number of round tables: 11
Number of 6” foot tables: 2

CHECKLIST

1. All floors must be swept and mopped _____

2. All trash must be picked up (inside and out) _____

3. Tables and chairs cleaned _____

4. Kitchen cleaned _____

5. Mop and mop bucket washed and cleaned_____

6. Refrigerator emptied and cleaned _____

7. Bathrooms cleaned and trash emptied _____

8. Turn off lights and A/C unit _____

9. Make sure all doors are closed and locked _____

Note: The building and grounds will be inspected by the Public Works Superintendent or Designee will insure that all requirements have been met. After the inspection is completed, the sheet will be signed off on the checklist and a refund check will be issued. (Please return this sheet with the key)

Thank you for your cooperation in keeping the Facility and Parking lot clean.