

Mason Community Center
6050 Mason-Montgomery Road
Mason, Ohio 45040
513.229.8555



FACILITY RENTAL REQUEST FORM

RENTER INFORMATION

Name (First, Middle Initial, Last): _____

Street Address: _____

City: _____ ZIP code: _____

Home Phone: _____ Fax: _____ Cell Phone: _____

E-mail: _____

Organization Name (if applicable): _____

RENTAL REQUEST INFORMATION

Event Name: _____

Description: _____

Date(s) and Time(s):

Day: _____ Date: _____ Expected Attendance: _____

Start Time: _____ AM / PM (includes set-up time by renter)

End Time: _____ AM / PM (includes clean-up time by renter)

(Rentals are in 1-hour increments. Please submit form and 50% deposit at least 2 weeks prior to the event to ensure adequate time to review request and procure facility space. For events requiring major set-up, please submit form and deposit at least one month in advance.)

Will you bring your own food and drink? Yes No

Area(s) Requested (Please check all that apply):

Activity Room

Meeting Room

Senior Center

Please indicate if you will need any of the following: Projector Capabilities Lectern

Please list any other special arrangements requested for your rental request: _____

FACILITY RENTAL REQUEST FORM

Facility Rental Guidelines

- Any adult (18 years and older) may request to rent the facility.
- Facilities cannot be rented for any programs similar to Community Center programs and services or for a paid participation event or class.
- Please include all preparations, activities, clean-up, and restoration in the requested time for facility rental. Access to the areas and/or facility will be limited to the time frame requested.
- Due to the complexity of events requiring major set-up (floor tarp, lighting, etc.) these requests must be submitted at least one month prior to the anticipated event. Please include a detailed description of the special event and any extra instructions on this form or on a separate sheet accompanying this form. Additional fees may apply.
- Organizations requesting a rental may be required to provide proof of liability insurance naming the Mason Community Center as "Additionally Insured" for the event.
- Facility rental entitles access to rented area only.
- Mason Community Center reserves the right to assign staff to monitor or work a rental event based on size or event for an added charge to the rental.

Statement of Understanding:

I understand that this form is a request for a rental and that the rental deposit and the completion of this form do not guarantee my rental of the requested facility. I have read and fully comprehend the facility and rental policies contained within the Mason Community Center Facility Rentals brochure. Requests are subject to approval based on facility and staff availability as well as appropriate and compatible facility use.

Signature

Date

Please mail, fax (513.229.8556), or drop off form and deposit to the Mason Community Center, in care of Facility Rentals.

OFFICE USE ONLY: DEPOSIT & APPROVAL INFORMATION

Date Received: _____ Received By: _____ Household #: _____

Deposit: \$ _____ Receipt #: _____

Rental Coordinator Reviewed & Approved Not Approved Initials/Date: _____

Aquatics Supervisor Reviewed & Approved Not Approved Initials/Date: _____

Comm. Ctr. Manager Reviewed & Approved Not Approved Initials/Date: _____

Rental Status Tentative Date: _____ Firm Date: _____

Notes: _____
