

Key #: _____ Pickup Date: _____ Time: _____ Staff Initials: _____ Renter: _____
RETURNED CONFIRMATION: Date: _____ By: _____

EVENT NAME: _____ **DATE OF EVENT:** _____

Full Name: _____ **DOB:** _____

Address: _____ **State:** _____ **Zip:** _____

Mailing Address: _____ **State:** _____ **Zip:** _____

Phone: _____ **Secondary Phone:** _____

Email: _____

Rental Type: **Individual** **Business** **Non-Profit:** YES NO # _____

Type of Event: _____ **Date:** _____

of Guests Attending: _____ Requesting Alcohol Permission: YES NO UNSURE

Max Capacity: 249 with Tables 299 Without Tables

Type of Rental: **HOURLY** **FULL DAY** **SPLIT TWO DAY** **CONFERENCE** **Other:** _____

Date of Key Pickup: _____ **Time:** _____ AM/PM

Key Return (No later than): **Date:** _____ **Time:** _____ AM/PM

Initial Date of Access: _____ **Time IN:** _____ **OUT:** _____

Second Date of Access (If necessary): _____ **Time IN:** _____ **OUT:** _____

Event Start Time: _____ **End Time:** _____

Alcohol Service Start Time: _____ **End Time:** _____

Alcohol permits must be provided to the Town of Selma no later than 30 days prior to event.
Certificate of Insurance for event liability coverage must be provided to the Town of Selma no later than 30 days prior to event.

Security officers must be scheduled through the Selma Police Department. They can be contacted at (919)634-0615 once an alcohol permit and proof of insurance has been provided to the Town of Selma.

Total Rental Balance: \$ _____ **(Not Including Damage Deposit)**

Non-Refundable Deposit Amount: _____ **Date Paid:** _____

25% of total balance due to reserve date, must accompany completed/approved application.

50% of balance: \$ _____ **Due by:** _____ **Date Paid:** _____

Due 90 days prior to event date.

Balance + Damage Deposit/Service-Supply Fee: \$ _____ **Due by:** _____ **Date Paid:** _____
Remainder of balance to be paid 30 days prior to event date

Cancellation Terms:

Non-Refundable Deposit – Not returned at anytime due to cancellation

Cancelled less than 90 days prior to event – 50% of total balance

Cancelled less than 30 days prior to event – Full balance due, no refunds

Rental Fees:

Legacy Hall Per Hour Rates: (Includes Oak Room)			
		Weekday	Weekend
Weekday (Monday – Thursday)		\$175.00/hour	
Weekend (Friday – Sunday)		\$200.00/ hour	
Rental Options: (Includes Oak Room)		Weekday	Weekend
Hourly Rental - 3 Hour Minimum		\$175.00	\$200.00
Full Day Package (12 Hours/1 Day)		\$1,500.00	\$1,800.00
Split 2 Day Package (16 Hours/2 Days)		\$1,800.00	\$2,080.00
Conference/Expo/Exhibit (10 Hours/1 Weekday)		\$1,300.00	N/A

Total Balance Includes:

Facility Requested: Civic Center

of Hours on date: _____ # of Hours on Additional Date: _____

Base Rental Cost: \$ _____ (Package total or # of hours at hourly rate)

Required Damage Deposit + Service & Supply Fee: $\$300 + \$175 = \$475$

Additional Hours: # of Hours: _____ @ \$ _____ = \$ _____

Additional Event Attendant: # of Hours: _____ @ \$ _____ = \$ _____ (Min 3 Hours)

Sound Production Attendant: # of Hours: _____ @ \$ _____ = \$ _____ (Min 3 Hours)

Production: \$75 Minimum 3 Hours

Reset Layout: \$50 Per Request

TOTAL RENTAL BALANCE: _____

Security: Please contact (919)634-0615 to schedule officers after alcohol permit and certificate of insurance have been presented and approved by the Town of Selma. Officers fees will be paid separately from rental cost, but due prior to event. Fee is \$30/hour/officer, # of officers required is at the discretion of the Town of Selma/Selma PD.

Keys: I have been provided with the key procedures for the Civic Center and understand and agree to the requirements and instructions.

Signature of Responsible Party: _____ **Date:** _____

Print Name: _____

NOTES: _____

CEVENT: _____ **DATE:** _____

TOWN CHECKLIST: (Internal Use Only)

Initials/Checklist Item

_____ Deposit Amount: _____ Date Received: _____
_____ Signed Agreement Date Received: _____
_____ Reserved in RecDesk: YES NO Date: _____
_____ Agreement Scanned in RecDesk: YES NO Date: _____
_____ 50% of Remaining Balance Due Date: _____ Date Received: _____
_____ Remaining Balance Amount: _____ Due Date: _____ Received: _____
_____ ABC Permit Required? YES NO Permit must be received by: _____
_____ Shared contact information for Selma Police Department: YES NO N/A
_____ If security is required, has Selma PD confirmed it has been scheduled/paid? YES NO N/A
_____ Certificate of Insurance required? YES NO Received Date: _____
_____ Key pickup scheduled? YES NO Date for pickup/location: _____
_____ Event staffing scheduled? YES NO

Staffing Needs:

ACTUAL EVENT DATE: _____

ACTUAL EVENT START TIME: _____ ACTUAL EVENT END TIME: _____

INITIAL ACCESS DATE/TIME: _____ DEPARTURE DATE/TIME: _____

SOUND/PROJECTION ATTENDANT NEEDED: YES NO Who is scheduled? _____

EVENT STAFF MEMBER SCHEDULED: _____

PRE-EVENT CHECKLIST:

VENUE INSPECTION – Completed By: _____ Date: _____

TABLE/CHAIR SETUP – Completed By: _____ Date: _____

POST-EVENT CHECKLIST:

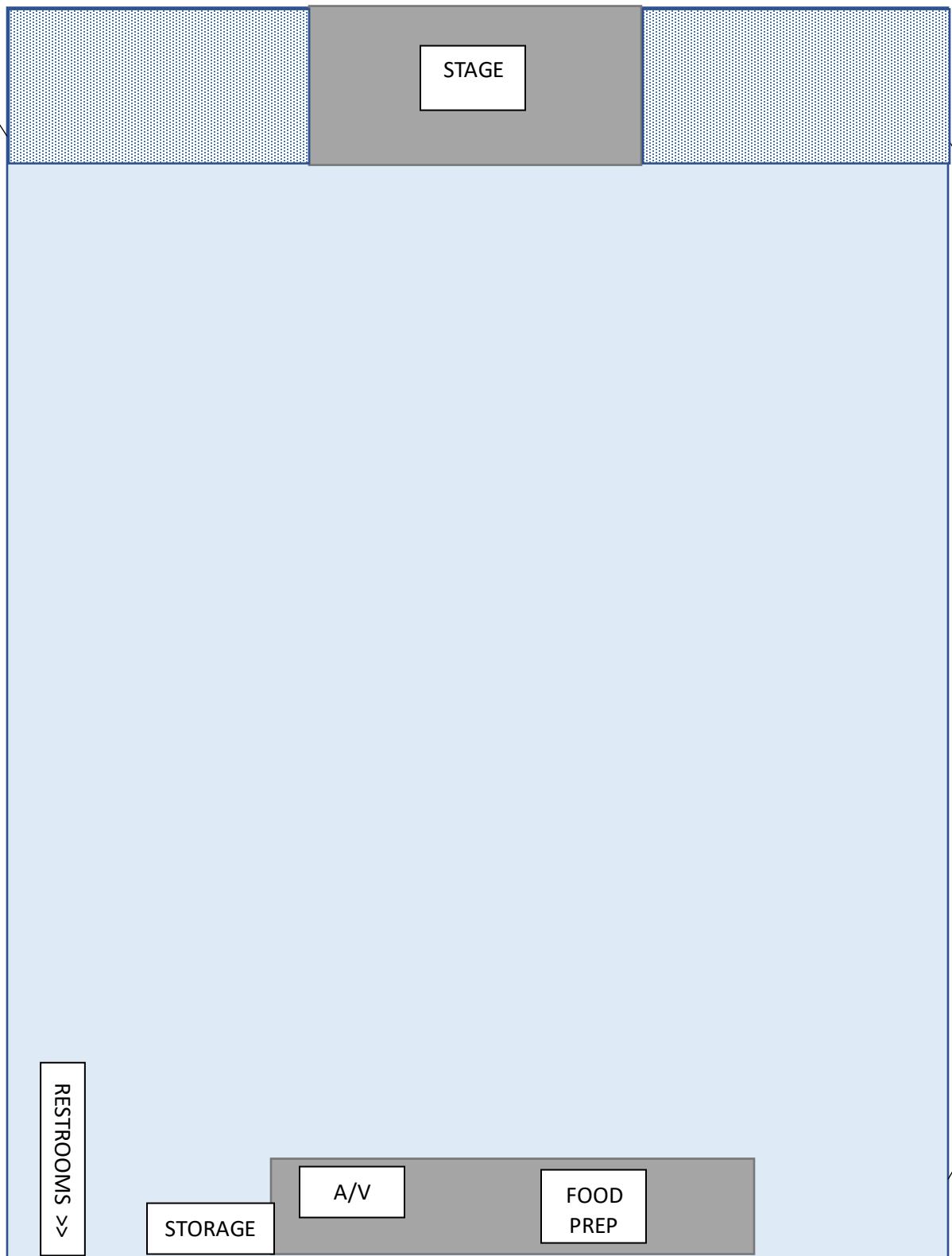
VENUE INSPECTION: Completed By: _____ Date: _____

DEPOSIT AMOUNT TO BE RETURNED: _____ CHECK REQUEST SENT: YES NO

KEY RETURNED: YES NO STAFF RECEIVING KEY: _____

NOTES: _____

CIVIC CENTER LAYOUT: # of Round Tables: _____ # of Long Tables: _____
 # of Chairs @ Rounds: _____ # of Chairs @ Long: _____



NOTES: _____
