

APPLICATION FOR COMMUNITY ROOM RENTAL

TODAY'S DATE \_\_\_\_\_

DATE OF RENTAL \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CLUB OR ORGANIZATION: \_\_\_\_\_

IF CLUB OR ORGANIZATION, WHO IS THE RESPONSIBLE PARTY: \_\_\_\_\_

START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

PURPOSE OF RENTAL: \_\_\_\_\_

NUMBER OF PEOPLE IN GROUP: \_\_\_\_\_

I UNDERSTAND AND AGREE THAT I CAN BE HELD RESPONSIBLE FOR ANY DAMAGE TO THE PROPERTY,  
AND THE MISUSE OF THIS PROPERTY MAY RESULT IN NOT BEING ABLE TO USE THE FACILITY AGAIN. I  
ALSO UNDERSTAND THAT THE ANDERSON COUNTY FISCAL COURT IS NOT RESPONSIBLE FOR ANY  
ACCIDENTS, INJURIES OR LOSS OF THE GROUP OR INDIVIDUAL PROPERTY THAT MAY OCCUR.

SIGNATURE OF RESPONSIBLE PARTY: \_\_\_\_\_