

# Tom Bevell Enrichment Center Rental Agreement

This agreement is entered into by and between the City of Rainsville and \_\_\_\_\_ (renter) for the rental of space in the Tom Bevell Enrichment Center for the purpose of \_\_\_\_\_ (type of event)

for the consideration of \$ \_\_\_\_\_

The City of Rainsville does hereby agree to rent \_\_\_\_\_ (renter) the following space or rooms at the center \_\_\_\_\_

This space shall be used on the following date/dates \_\_\_\_\_

## RENTAL TERMS

**RENTAL FEES** are non-refundable. A minimum payment of \$50 should be made within 10 days of booking rooms at the center. The remaining balance should be paid no less than 30 days before the date of your event. Otherwise, the center will be considered available for other renters.

**NIGHT RENTALS.** The center must be vacated by 11:00 PM.

**CLEAN UP.** Renters are responsible for cleaning the center immediately following their event. Be sure to end your event early enough to allow for clean-up time.

**DAMAGE.** Renters will be held responsible for any damage to property. NO nails, tacks or tape can be used on the walls, doors or floors.

Do NOT move furniture or accessories from the foyer.

For their safety, and to prevent damage to property, please supervise children at all times. Do not allow children around the piano, in office, in closets, or in landscaping outside.

You must share the parking lot with other renters, when applicable. Handicapped parking should be reserved for handicapped persons regardless of who rents which room.

Absolutely NO alcoholic beverages are permitted on the premises for any event.

*The renter agrees to assume responsibility for all damages in or to the rented space which may occur during the period the center is being used by the renter or his/her invites, members, guests or employees. The renter will also save and hold harmless the City of Rainsville, the Tom Bevell Enrichment Center board, or employees of the City, from any injury or death resulting from the use of this facility.*

*By my signature, I certify that I agree to the terms above. I understand that if found in violation of the terms, I may be billed for an additional charge.*

\_\_\_\_\_  
Renter

\_\_\_\_\_  
Renter's Phone

\_\_\_\_\_  
Renter's Address

\_\_\_\_\_  
Director or assistant

If paying by mail,  
send check with copy  
of this agreement to:

City of Rainsville  
Attn: TBEC  
PO Box 309  
Rainsville, AL 35986

Deposit: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Receipt # \_\_\_\_\_

Payment: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Receipt # \_\_\_\_\_

If you have problems with the facility, find anything out of order, or need assistance, contact Tim Eberhart at 638-7800.