



Ballroom Rental Agreement

Event Date: _____

Description of Event _____

Responsible Party Name: _____

Address: _____

Telephone #: _____ Alternate Contact #: _____

Email: _____

Note: Responsible Party must be at least 21 years of age. Responsible Party is the only person that can pick up the key(s). Reservations or rentals will be accepted up to one year in advance. Responsible Party will need to meet with Town Clerk to confirm rental date and pay all fees.

Rental Fees and Schedule

[] \$550.00 FULL DAY: 10:00AM – MIDNIGHT

[] 450.00 HALF DAY: 10:00AM – 4:00PM

[] \$450.00 HALF DAY: 5:00PM – MIDNIGHT

Caterer? Yes/No	Insured: Yes/No	Business Lic: Yes/No	BL#: _____	TOK: _____
DJ/Band? Yes/No	Insured: Yes/No	Business Lic: Yes/No	BL#: _____	TOK: _____
Florist? Yes/No	Insured: Yes/No	Business Lic: Yes/No	BL#: _____	TOK: _____

Responsible Party Signature

Town Representative

Date

Date

Important Information & Guidelines

- ____ Rental fees must be paid to make a reservation.
- ____ Rental may be cancelled at any time. All fees paid will be refunded.
- ____ Balance must be paid (60) days before the scheduled rental date.
- ____ All vendors for hire (e.g., florists, caterers, photographers, DJ's/Bands) used for any event are required to obtain a business license from the Town of Kershaw. Vendors must also provide a "Certificate of Insurance" of General Liability Insurance listing the Town of Kershaw as "Additional Insured."
- ____ The Town of Kershaw does not assume responsibility for any unforeseen circumstances such as power failures, inclement weather or mechanical failure which may constitute a reason for cancellation.
- ____ The Town of Kershaw assumes no responsibility or liability for personal belonging or valuables lost or stolen personal property.
- ____ We kindly ask that the Responsible Party take care in the use of the building and the property.
- ____ All tables and chairs are to be returned to the caddy. Do not roll tables or the caddy on the ballroom floor.
- ____ No weapons are allowed on premises.
- ____ No smoking is allowed on premises.
- ____ If alcohol is on premises at the Ballroom, the responsible party must provide all proper documentation from vendor, and liquor liability license must be provided.
- ____ Use of this facility does not imply the Town's endorsement or sponsorship of any event.
- ____ Adherence to the Town's noise ordinance is required.
- ____ The Sheriff's Department will be notified of rental and will patrol the area for the safety of you and your guests.
- ____ Please make a thorough check of the premises before you leave, making certain that all your guests have departed the premises safely.
- ____ We kindly ask that all garbage be collected and taken out before leaving.
- ____ The Key to the Ballroom must be returned to Town Hall the day following the rental date. Please place the key in the bag provided and leave in the drop box located at the drive thru at Town Hall.

ACKNOWLEDGMENT

By signing this contract, the Responsible Party acknowledges agreement to abide by the Rules and Regulations for the use of the designated space, certifies that the information above is complete and correct. Further, the responsible party agrees to accept and assume responsibility for the conduct and behavior of guests and other parties associated with the use of premises pursuant to this agreement. Responsible Party also agrees to indemnify and hold harmless the Town of Kershaw from all loss, damage, cost, or liability resulting from injury, claim, demand, loss, or damage, including death or property damage caused by the negligence of the undersigned or its guest, invitees, independent contractors or other persons or entities participating in the use of the premises with the undersigned pursuant to the agreement, including any loss, damage, or injury. I agree that in the event of any damage to the property by me (us), or our guests, we will pay for all damages incurred.

Signature of Responsible Party

Date

Town Representative

Date

Emergency/After Hours Contact Information: If you have an emergency, call (803) 475-6065. The after-hours operator will notify the person on call.

PAYMENT SCHEDULE

Reservation Fee Pd: \$ _____ Date: _____ Initial: _____

Payment #1: \$ _____ Date: _____ Initial: _____

Payment #2: \$ _____ Date: _____ Initial: _____

Payment #3: \$ _____ Date: _____ Initial: _____

Payment #4: \$ _____ Date: _____ Initial: _____

MUST BE PAID IN FULL BY: _____

DATE KEY PICKED UP: _____

SIGNATURE: _____

****BALANCE MUST BE PAID IN FULL WITHIN (60) DAYS OF RESERVATION DATE****

Notes: _____
