

TOWN OF LONG VIEW

2404 FIRST AVENUE SOUTH WEST
LONG VIEW, NORTH CAROLINA 28602

(828) 322 3921



NAME (Please Print): _____

ADDRESS: _____ PHONE: _____

(Street)

(City)

(Zip Code)

BUSINESS NAME (IF APPLICABLE): _____ BUSINESS PHONE: _____

DATE RESERVED: _____

RENTAL PURPOSE (BABY SHOWER, REUNION, ETC.): _____

LOCATION REQUESTED:

- | | | |
|---|--|--|
| <input type="checkbox"/> Recreation Center Building | <input type="checkbox"/> Recreation Center Grounds (Upper Field) | <input type="checkbox"/> Recreation Center Grounds (Lower Field) |
| <input type="checkbox"/> Gazebo | | |

Time Reserved (For Gazebo or Grounds Only):

- | | | |
|---|--|---|
| <input type="checkbox"/> 8 a.m. – 12 noon | <input type="checkbox"/> 1 p.m. – 5 p.m. | <input type="checkbox"/> ALL DAY
8 a.m. – 5 p.m. |
|---|--|---|

LIABILITY

I, _____ by the signing of this document do accept responsibility for any property loss and/or damage to the Long View Recreation Center while I am renting and in control of the facilities.

I also agree to and understand that if there is property loss and/or damage to the facilities that the Town of Long View may withhold part or all of my deposit for the amount of such property loss and/or damage.

I also agree to and understand that before my deposit will be refunded, the building/gazebo/grounds will be checked for property loss and/or damage BEFORE it is used again.

I, _____ by signing this document have received a copy of rules and regulations of the rental of the Long View Recreation Center and do agree to follow these rules and regulations set forth by the Town of Long View regarding the use of the facilities.

I do hereby release the Town of Long View and the Town of Long View Recreation Department of any and all liability in case of an accident or injury.

SIGNED

TODAY'S DATE

WITNESS

(FOR OFFICE USE ONLY)

KEY # _____

KEY PICKED UP DATE: _____ TIME: _____

KEY RETURNED DATE: _____ TIME: _____

REFUND OF KEY DEPOSIT:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> PARTIAL: _____ |
|------------------------------|-----------------------------|---|

IF NO OR PARTIAL SELECTED, REASON (ATTACH PICTURES):
