

Office Use Only

Rental Check # _____ Amount _____ Rental Date _____

Deposit Check # _____ Amount _____ Reference _____

**MOLENA PAVILION RENTAL
APPLICATION**

Person responsible for the application must be 21 years old or older

Name of Person or Group _____ Number in group _____

Contact Name _____

Address _____

Home or Work Phone # _____ Cell Phone # _____

ALTERNATE:

Alternate Contact Name _____

Home or Work Phone # _____ Cell Phone # _____

Date Preferred _____ Second Choice _____

PLEASE DO NOT REMOVE TABLES

If tables are removed, they must be replaced, or \$40 will be deducted from your Security Deposit

*Please place all garbage in the trash bins or remove it from the facility, or a **\$40.00** clean-up fee will be deducted from your deposit.*

Please forward a check payable to the **CITY OF MOLENA** in the amount of \$50.00 to hold your event date.

Date _____ Signature _____

I have read and agree to all terms and conditions related to pavilion rental.

Please have a copy of your rental application with you on the day of your event.

Upon leaving the facility, please email pictures showing the condition of the property to: molenacityhall@molenga.com or send by SMS to 706-975-8644. No deposits will be refunded without proof of condition on the day of rental.

*****NO OFFENSIVE WEAPONS, FIREWORKS, ALCOHOL, CIGARETTES, or MOTORIZED VEHICLES are permitted in the pavilion*****

***** SECURITY DEPOSIT CHECKS WILL NOT BE MAILED WITHOUT A SELF ADDRESSED STAMPED ENVELOPE*****