

HART COUNTY BOTANICAL GARDEN PAVILION USE APPLICATION

Your Name: _____

Name of Organization (if applicable): _____

Your Phone Number: _____ Work ___ Cell ___ Home ___

Alternate Phone Number: _____ Work ___ Cell ___ Home ___

Reservation Date: Month: _____ Day: _____ Year: _____

Reservation Hours: Begin time: _____ (AM / PM) End time _____ (AM / PM)

FEES:

A Security Deposit of \$100 is required for every reservation. If alcohol is being served the security deposit is \$250. This will be refunded after damage inspection is completed.

A Restroom Cleaning of \$25 is required for every reservation and is nonrefundable.

Thirteen tables and fifty-six chairs are available for a rental fee of \$50 (\$25 for nonprofit groups) and is nonrefundable.

Fees: All checks made payable to: Hart County Botanical Garden.

Mail Checks to: P. O. Box 44, Hartwell, Ga 30643

Security Deposit (\$100) Date Paid: _____

Security Deposit (\$250) Date Paid: _____

Restroom Cleaning (\$25) Date Paid: _____

Table and Chair Rental \$50 Date Paid: _____

Table and Chair Rental \$25 Date Paid: _____

Total Paid: _____

Received Restroom/Storage Room key _____yes / _____ no

If you did not receive key, you will pick up on _____ date.

I have read the Hart County Botanical Garden Pavilion Use Policy and agree to abide by this policy.

Signed: _____ Dated: _____

For Botanical Garden Use Only: Amount of Deposit Refunded: _____ Signed: _____ Date: _____
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