

# **FRANKLIN COUNTY CONVENTION CENTER RESERVATION CONTRACT & RESPONSIBIITY AGREEMENT**

Please read the enclosed "Information Sheet"

Read, complete and sign this agreement

Return this form with one-half of the rental fee and set-up fee. **THIS FEE IS NON-REFUNDABLE**

Balance of the rental, alcohol purchases and damage deposit is due prior to setting up for your event.

Once a reservation is made (form & deposit received), ONE postponement date (not to exceed one year from day of postponement) will be allowed. The Franklin County Convention Center or Franklin County Fair Board is not responsible for any items left in the building or on the grounds after the event. The building is to be vacated by 1:00 a.m. The bar will close no later than 12:00 a.m.

### **FILL IN BLANKS TO CONFIRM THIS RESERVATION – PLEASE PRINT**

Name of person(s) or organization renting the facility: \_\_\_\_\_

Dates (Please include any set up and tear down days): \_\_\_\_\_

Type of event: (reception, reunion, meeting etc.) : \_\_\_\_\_

If wedding name of Bride: \_\_\_\_\_ Groom: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you want alcoholic beverages served? Yes \_\_\_\_\_ No \_\_\_\_\_ *Please contract 641-456-2049 at least 2 weeks prior to event to arrange details of alcohol.*

Do you wish to rent coffee pots or roasters? Yes \_\_\_\_\_ No \_\_\_\_\_ (\$10.00 rental each)  
How many? Roasters \_\_\_\_\_ Coffee Pots \_\_\_\_\_

If damage deposit is to be returned, please furnish name and address. If information is not furnished, check will be destroyed.

*I, the undersigned being 21 years of age, am authorized to make this reservation. I agree to pay the balance of the rental fee, damage deposit and for any alcoholic beverages prior to set up for the event. I agree that the damage deposit may be applied to satisfy any clean-up (beyond normal) and/or damage caused by persons attending the event. I understand that if damages exceed the deposit, I will be held responsible for full payment. I understand that FAILURE TO FOLLOW THE RULES may result in the forfeiture of all or part of the deposit. I agree to assume full responsibility for the acts, negligence or omissions of this event while in the Franklin County Convention Center.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Office use only:*

Deposit \$ \_\_\_\_\_ paid by check/cash/cc on \_\_\_\_\_

Balance \$ \_\_\_\_\_ paid by check/cash/cc on \_\_\_\_\_