

The Burleson Center/HFAC Rental Agreement

Name of Person or Organization/Group/Person _____

Name(s) of Responsible Person(s) _____

Mailing Address _____

Phone Numbers Home/Business/Cell _____

Date of Rental _____

Rental Times (Includes set-up & clean-up) _____

Type of Function _____

Kitchen Needed _____ Cleaning Needed _____

Will alcohol be served Yes/No _____

Security Required Yes/No _____

Deposit Amount Required (No exceptions) _____

Deposit Paid (Date & Amount) _____

Rental Fee _____ Rental Fee Paid (Date & Amount) _____

Deposit is due when rental date is agreed upon. Rental fee must be paid prior to event. If the rental is cancelled less than (7) days prior to the event the deposit will not be refunded. Upon this form being signed and deposit paid your rental date and time are scheduled. In the event that the facility is unable to be used your deposit will be refunded. If returning by **mail** send copy of agreement along with payment to:

HFAC/The Burleson Center
307 College St NE
Hartselle, AL 35640

Rental Representative Signature _____ HFAC Representative Signature _____

Deposit \$ _____ Date Paid _____ Cash/Check # _____

Rental Fee \$ _____ Date Paid _____ Cash/Check # _____

Cleaning Fee _____ Date Paid _____ Cash/Check # _____

