

**JONES COUNTY CIVIC CENTER
P.O. BOX 266
TRENTON, NC 28585
252-448-5111**

Total Cost _____

This agreement, made and entered into this _____ day of _____, _____ by and between the COUNTY OF JONES, by its Civic Center Director and _____ whose address is _____

1. RENTED SPACE

- () Entire Facility----- \$700.
- () Small Audit.----- \$200
- () Large Audit.----- \$400
- () Small Meeting Rm.-----\$50
- () Office Rm. # 5 & 6----- \$30
- () Lobby other than entrance-\$40
- () Kitchen w/other space-----\$25 alone \$50
- () Alcohol-----\$100 For a permit, contact ABC Comm. at 919-514-4720.

MICROPHONE EQUIPMENT RENTAL

- () 1-Directional mic w/ 20' cord & stand
 - () 1-Wireless remote mic.(hand held)
 - () 1-Wireless remote tie-collar mic w/belt clip
- Rental cost \$20 per day (one microphone) \$5 for each additional microphone.**

This contract is with the understanding that renter shall have the right to ingress and egress through the halls and corridors of such building, but acquires hereby no right to any other part of the building than the part specified.

RENTAL DATE _____

For the purpose of renter's event(s), use of rented space shall be ready for occupancy on _____ (SET-UP TIME) a.m./p.m. and shall end at _____ a.m. / p.m.

If renter remains on premises after 1:00 a.m., an additional surcharge of \$50 shall be required. A cost of \$100 per day will be charged for rehearsals the day before an event.

3. DESCRIPTION OF EVENT:

TYPE OF EVENT/ORGANIZATION _____

DETAILED PURPOSE OF EVENT _____

TYPE OF AUDIENCE EXPECTED _____

CONTACT AND RESPONSIBLE PERSON _____ (signature)

ADDRESS _____ **PHONE** _____

In order to receive a deposit refund, all trash must be placed in dumpster located outside near the front parking lot and all instructions must be followed as outlined on page 3 of your contract.

SET UP: #TABLES-ROUND _____ BROWN _____ WHITE _____ #CHAIRS-METAL _____ WHITE _____ RED _____

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ALCOHOL PERMIT

 YES **NO** Do you plan to allow alcoholic beverages to be consumed at your function? This includes any of the following:

Beer

Wine

Liquor

Brown Bagging

Because I am requesting permission to use alcohol during my event, I have received an explanation for alcohol usage at the Jones County Civic Center. I agree to provide the director with a copy of the alcohol-use permit prior to the event.

Initial _____

IN WITNESS WHEREOF, COUNTY AND RENTER have executed this agreement.

BY: _____ RENTER

BY: _____ CIVIC CENTER DIRECTOR

DATE: _____

**FACILITY CARE AND MAINTENANCE DURING AND FOLLOWING
RENTAL OF CIVIC CENTER**

In making the Jones County Civic Center available for public use, it is understood that each person, persons, or organization utilizing the facility shall assume responsibility for the care and maintenance of the property, building, furnishings and equipment during and immediately following each use. Property is to be restored to the condition it was found upon arrival.

I AGREE TO BE RESPONSIBLE FOR THE FOLLOWING:

1. Wipe off all tables and chairs.
2. Empty **all** trash cans including those in bathrooms and kitchen
3. Place all trash in **outside dumpster located in front parking lot.**
4. Leave furnishing and equipment as found.
5. Clean all **spots, stains and spills.**
6. Make sure **all** toilets are flushed, **men and women.**
7. Rinse **all** sinks.
8. Wipe off counter tops.
9. Check grounds for trash and debris.
10. Turn thermostat to setting indicated on sign located over the thermostat.
11. Turn off **all** lights and secure building.
12. Return **key** to Administration Office the **next business day following your event.**

All facility care and maintenance guidelines must be followed in order to receive a deposit refund. Jones County and /or employees are not responsible for items left in rented space (s).

CONTACT PERSON'S SIGNATURE _____

BUILDING INSPECTION REPORT

tables -round___brown___white___ chairs-metal___white___red___

Initial_____

(3)

MICROPHONE RENTAL

COST: \$20 FOR THE FIRST MICROPHONE

\$5 FOR EACH ADDITIONAL MICROPHONE

BASIC EQUIPMENT

Small Auditorium

___ 1-DIRECTIONAL MIC. W/ 20' CORD AND STAND

___ 1-WIRELESS REMOTE MIC (HAND HELD)

___ 1-WIRELESS REMOTE TIE-COLLAR MIC W/BELT CLIP

Podium ___ yes ___ no

Total Due _____

I understand that I am fully responsible for the care of the above equipment during my rental of the Civic Center. I further understand that I will be held responsible for all cost associated with repairs or replacement of any lost or damaged equipment due to neglect or misuse by any persons present during my scheduled event.

Signature _____

Professional Sound & Lighting Equipment

Includes On-Site Personnel

Rental cost: \$200 per day

Microphones: hand held___,20' cord w/stand___,mic w/belt___

Podium___yes___no

Total due_____

I understand that I am fully responsible for the care of the above equipment during my rental of the Civic Center. I further understand that I will be held responsible for all cost associated with repairs or replacement of any lost or damaged equipment due to neglect or misuse by any persons present during my scheduled event.

Signature_____

Any use of lights (other than room lights such as on stage) or using the sound booth for any reasons, will be at a cost of \$200.

COUNTY CIVIC CENTER

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Deposit

An initial deposit is required in order to schedule your event. The deposit will be in addition to the entire rental rate for the area requested. The deposit will be refunded (less required fees) within 30 days after the scheduled event if the rental areas are left in approximately as good condition as when received for use. If areas are not left in approximately as good condition as when received, the initial deposit will be applied towards the expense of cleaning and/or repairs or replacement.

Cancellation

Prior to the 10th day of an event all fees less the deposit will be refunded.

Any event that is cancelled less than 10 days prior to the event will not be refunded any fees.

Booking an Event

Events are not booked until deposit has been paid. All fees must be paid 10 business days prior to your event.

If an event is booked less than 10 business days, all fees are due at the time of booking. Contract signing is due at this time.

All county funded agencies shall pay one-half the rental rate and no deposit.

Room Square Footage and Capacity

Large Auditorium #1	11,644	Sq. Ft.	Capacity	900-1200	\$400
Small Auditorium #2	3,600	Sq. Ft.	Capacity	200-300	\$200
Sm. Meeting Room #3	480	Sq. Ft.	Capacity	20-30	\$50
Office Room #5	144	Sq. Ft.			\$15
Office Room #6	144	Sq. Ft.			\$15
Kitchen (only) #4	520	Sq. Ft.			\$50
Kitchen(w/other space)					\$25
Lobby(only) #9	18	Ft. wide			\$40
Men's Restroom #7					
Women's Restroom #8					
Entire building					\$700

All rented space(s) will also include a deposit of either \$50 or \$200.

TABLE CLOTHS AND NAPKINS

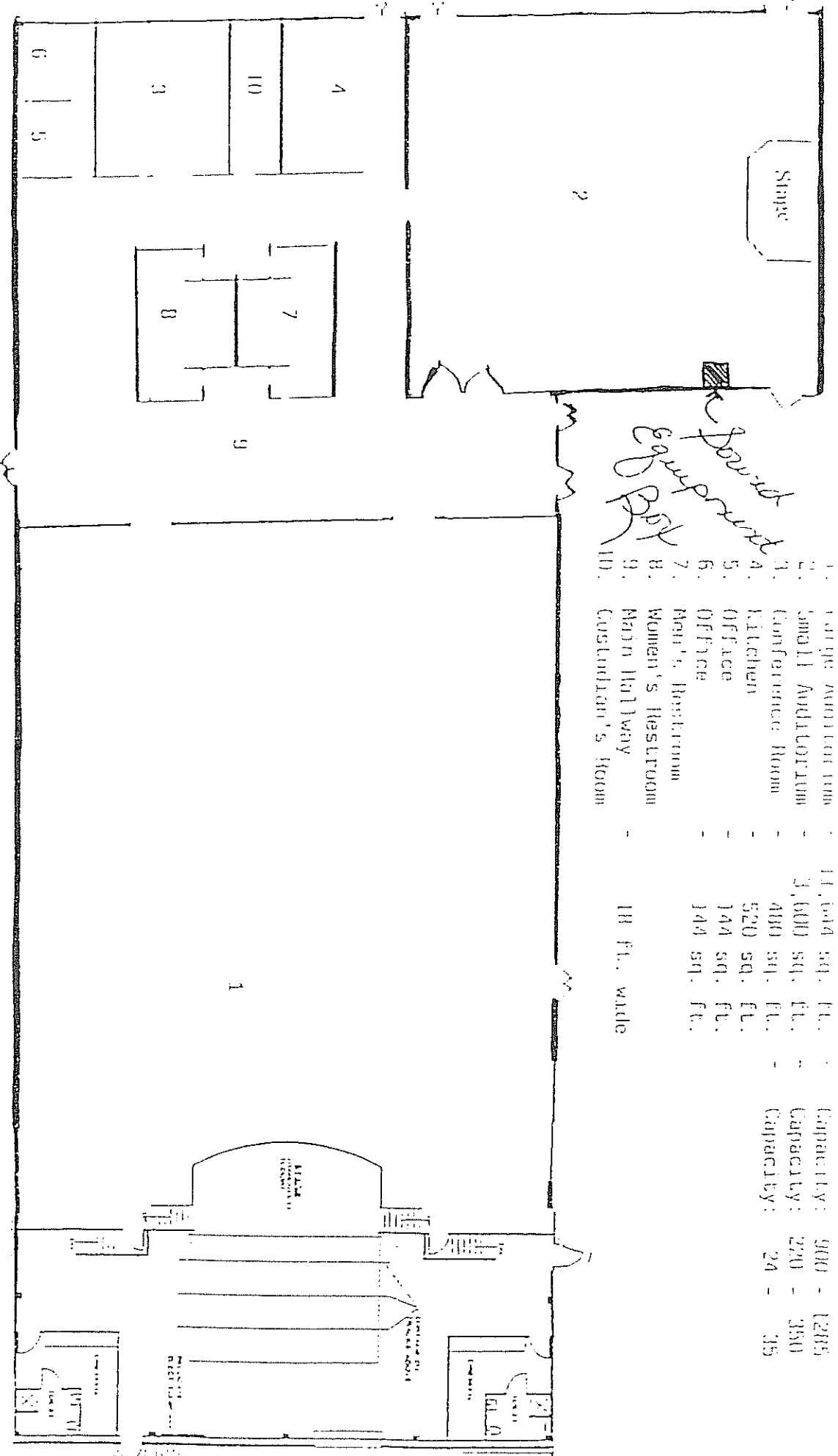
\$10.00 PER TABLE

OF TABLES _____ TOTAL COST _____

I AGREE TO RETURN ALL TABLE CLOTHS AND NAPKINS WITHOUT ANY DAMAGES. IF DAMAGED, I AGREE TO FORFEIT MY DEPOSIT OR PAY THE REPLACEMENT COST.

_____ **SIGNATURE**

_____ **DATE**



Sound Booth
Equipment Room

1.	Large Auditorium	11,624 sq. ft.	Capacity: 900 - 1285
2.	Small Auditorium	3,600 sq. ft.	Capacity: 220 - 350
3.	Conference Room	480 sq. ft.	Capacity: 24 - 35
4.	Kitchen	520 sq. ft.	
5.	Office	144 sq. ft.	
6.	Office	144 sq. ft.	
7.	Men's Restroom		
8.	Women's Restroom		
9.	Main Hallway	18 fl. wide	
10.	Custodian's Room		

- A. Draw a diagram for EXACT seating and/or table arrangement.
- B. How many guests do you expect? _____
- C. Building needs to be set-up by what time on the day of your event? _____
- D. This form needs to be in the Administrative Office no later than one week prior to your rental date.

SEE REVERSE SIDE FOR DAILY ROOM RATES

NOTE: THEATER STYLE--Chairs only in rows facing front of room; DINING STYLE-- Tables & chairs with people on both sides of tables; CLASSROOM STYLE-- Tables & chairs with people on one side of tables.

SIGNATURE OF RENTOR _____

DATE OF EVENT _____