

City of Collegedale

4910 Swinyar Drive
P.O. Box 1880
Collegedale, TN 37315

Room Reservations

Applications, Deposits and Cancellations

Applications will not be taken more than one year in advance. Reservations are first come, first serve.

For individual reservations, the rental fee and deposit must be paid in full at the time of reservation. There is a minimum of 5 business days for cancellations. Deposit refunds checks may take 6 to 8 weeks to receive. We will mail it to the address given on the application.

For business reservations, the rental fee and deposit must be paid in full at the time of reservation. Unless the reservation is reoccurring, the business will be invoiced monthly.

Room Rental and Deposits

Room	Deposit	4 Hours or less	Full Day (5 to 12 hrs)
FCC West (100)	\$60	\$ 120	\$ 200
Conference (8)	\$20	\$30	\$80
FCC East (30)	\$40	\$50	\$130
Kitchen	\$25	\$ 40	\$ 80

These guidelines are intended to enhance the operation and use of our facilities and have been set-up for the orderly handling of reservations, use of rooms and clean-up afterwards. Any damage that occurs to the room, its furniture, or fixtures will be the responsibility of the scheduled group or responsible individual. It is expected that all persons will follow these requirements.

1. **Helium balloons:** balloons must not float to the ceiling. If so, you must get them down before you leave.
2. **Attaching items to walls:** NO taping, nailing or affixing of items or decorations to the walls, windows doors or ceiling. Doing so will result in a no refund of deposit. Those using the facility who wishes to decorate the room must use free-standing decorations. The responsible person or group is responsible for removing all hardware, decorations and tape from tables, chairs and floors at the completion of their program.
3. **Candles:** only candles in a votive may be used.
4. **Damages:** the expense to replace or repair any damage to the facility or furniture will be paid by the renting individual or organization.
5. **Independent Contractors:** the renting party will be responsible and liable for the actions of independent contractors hired by them, such as: caterers, disc jockey, photographers, videographers, security personnel, party clowns and others.
6. **Kitchen:** if the kitchen is used, it is expected that it will be left in a clean condition, no dirty dishes, no trash left on counters, no food particles left in the sink and no food, drink or groceries are to be left in the refrigerator.
7. **Smoking/alcohol:** no smoking or alcoholic beverages will be allowed.
8. **Furnishings/equipment:** those using the rooms will be responsible for leaving the rooms in good condition (lights turned off, blinds closed and doors shut). Chairs, if stacked, should be no more than 6 high. Furnishings and equipment shall not be removed from the room, or any other room inside the building (tables, chairs, etc.). The idea is to leave the room the way you found it.
9. **Vinyl blinds:** blinds should be operated only by an adult. If blinds are opened at the beginning of a program, they should be closed and left in their original position at the end of each program.
10. **Supervision:** adult supervision will be required for children or youth group functions. One adult will be required for every 6 children who attend.
11. **Trash/clean-up:** all trash must be picked-up and placed in large trash cans. All signs must be disposed of properly. Floors are to be swept and/or mopped. Tables and chairs wiped off if necessary. Dry mop/wet mop, brooms, trash bags and general cleaning supplies are provided in the kitchen for your use.
12. **Set-up:** if help is needed in setting up before an event, please make a request/arrangement with the reservation supervisor early.
13. **Inflatables:** Inflatables are prohibited. This includes any bouncy or inflatable slides, houses, etc.

REQUEST FOR USE OF MEETING ROOM

Application date: _____

NAME OF GROUP/ORGANIZATION: _____

DATE NEEDED: _____

TIME NEEDED: _____ TO _____

ROOM (S) REQUESTED: _____

ACTIVITY TO BE CONDUCTED/FUNCTION PLANNED: _____

ANTICIPATED ATTENDANCE: _____ ADULTS: _____ CHILDREN: _____

PERSON (S) RESPONSIBLE FOR FUNCTION AND DETAILS: _____

ADDRESS: _____

TELEPHONE NUMBERS _____

I HAVE READ THE GUIDELINES AND RULES FOR THE USE AND CARE OF THE ROOMS AND AGREE THAT I AND MY ORGANIZATION WILL ABIDE BY AND FOLLOW THESE REGULATIONS AND I SHALL BE PRESENT THROUGHOUT THE TIME THE FACILITIES ARE IN USE AND SHALL BE RESPONSIBLE FOR ANY DAMAGES DONE TO THE PREMISES.

SIGNATURE _____

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FOR OFFICE USE ONLY

DEPOSIT FEE _____ DATE PAID _____ RECEIPT # _____

RENTAL FEE _____ DATE PAID _____ DATE RECEIVED _____

TOTAL AMOUNT DUE _____ RECEIPT # _____ DATE RETURNED _____

**PLEASE SEND COMPLETED FORM TO KRISTI @
KWHEELER@COLLEGEDALETN.GOV OR FAX 423.396.3138**

INDEMNITY AGREEMENT

THIS AGREEMENT made and entered into this ____ day of _____, 20____, by and between CITY OF COLLEGEDALE, TENNESSEE, a municipal corporation created and existing under the laws of the State of Tennessee, hereinafter referred to as "CITY", and

_____ hereinafter referred to as "USER".

WITNESSETH:

WHEREAS, the City is the owner of certain public facilities, which are available for use by clubs, groups and organizations subject to the rules, regulations and conditions set forth by the City; and,

WHEREAS, User desires to use the facility for _____ on _____, 20____, and, as a condition of such use, the City requires that User indemnify and hold and save harmless City from any damage, injury or liability of any nature which may arise as a result therefrom.

NOW, THEREFORE, for and in consideration of the mutual covenants set forth herein, it is agreed between the parties as follows:

1. City hereby consents to the use of the aforementioned public facility by User for the purpose set forth above.
2. User does hereby remise, release, discharge, indemnify and hold and save harmless City of and from all, and all manner of, actions and causes of action, suits, damages, injuries, claims and demands whatsoever in law or in equity, which may result from, or in any way relate to, the use by User and its officers, employees, agents, guests, patrons, invitees and/or customers of the facility and adjoining property. In the event any legal proceeding is taken against City, User shall provide legal counsel to represent and defend City and shall be responsible for all costs and expenses related thereto. User further agrees to be responsible for and repair any damage done to the facility or City's surrounding property as a result of its use thereof.

IN WITNESS WHEREOF, the parties have executed this agreement.

CITY OF COLLEGEDALE

By: _____
Title:

USER

By: _____
Address: _____
City & Zip: _____
Phone: _____

Please send completed form to Kristi by:
E-mail: kwheeler@collegedaletn.gov or fax: 423-396-3138

FOR OFFICE USE ONLY

PAID _____
RECEIPT # _____
DATE RECEIVED _____



City of Collegedale

4910 Swinyar Dr. PO Box 1880
Collegedale, TN 37315
423.396.3135

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize the City of Collegedale to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize the City of Collegedale to charge my credit card
(full name)
account indicated below for _____ on or after _____. This payment is for
(amount) (date)
a room reservation on _____
(date and time of rental)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

PLEASE SEND COMPLETED FORM TO KRISTI @
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