

GENESIS AND LIGHT CENTER

APPLICATION FOR USE OF FACILITY

Date of Application: _____ Date(s) Requested: _____

Name: _____ Address: _____

Type of Event: _____ Phone Home & Cell: _____

Description of Event (# of attendees): _____

Check room(s) desired and fill in dates, start and end time, and number of hours needed. The rate is established on the basis of a minimum two-hour usage (Example auditorium rental: \$100 x 2hrs = \$200.00).

Genesis and Light will calculate total cost in the middle section when application is received. There could be additional fees for usage of some equipment. If more than 2 hours is requested, one hour for every 2 hours of setup time for decorating, arranging, and other pre functions arrangements will be allowed. Setup time will be allotted based on total time rented. Post event functions including cleanup must be accounted in your paid time.

		DATE(s)	START-END	HOURS	RATE	COST
	Auditorium				\$100.00	
	Library				\$75.00	
	Conference Room				\$50.00	
	Class Room				\$30.00	
	Outside				\$25.00	
	(NO) Kitchen					
	OTHER					
	Janitorial Services				\$15.00	
	Staff Services (host)				\$20.00	
	TOTAL	Deposit \$	Rental \$		Bal. \$	

	EQUIPMENT	HOW MANY (any special instructions)	RATE	COST
	Tables			
	Chairs			
	Sound Equipment		\$20.00	
	Video Equipment		\$25.00	
	Lighting Equipment		\$15.00	
	DVD Player			
	Projector			
	Microphone			
	Speakers			
	OTHER			
	GRAND TOTAL			

The applicant understands that upon failure to comply with the Genesis and Light Center Policies and any or all of the conditions stated therein, facility usage may be terminated and all privileges of the undersigned representative or group to use said facility and/or equipment will also cease. Failure to vacate facility by contracted time will result in additional fees. Furthermore, the undersigned applicant understands that he/she shall be responsible for the cost of any repairs and/or replacements necessary due to any damages or destruction resulting from use of

said building or equipment. Room should be put back in pre-event condition and renter must vacate premises. The applicant agrees to hold harmless and indemnify the Genesis and Light Center for any negligent or intentional acts. Holidays are an additional \$25 per hour to book date. **Applicant cannot charge admission to their event without Genesis and Light's approval.** All rates listed in rate column on previous page are per hour rates.

All applicable fees shall be presented and paid at least four weeks prior to your event or three months from application date (if rental date is over six months away). A security deposit of 25% down or one-hour rental rate (whichever highest) must be paid to hold the date. You must request your security deposit before two weeks after your event, otherwise it will be a tax-exemptible donation to our center. Cancellations within two weeks after application registration will incur a 10% (of total) fee. Cancellations after two weeks of registration will incur a 25% fee. Cancellations between three weeks to three months of registration will incur a 50% fee. No cancelation refunds will made after three months from application registration date or one month from your event rental date however rescheduling can be allowed based on availability with at least three months' notice.

Coordinator/Organization

Email Address

Representative Printed Name

Representative Signature

Title of Representative

Office/ Contact Number

How did you hear about our facility: Web Email Previous Client Friend/Family Other

RETURN APPLICATION TO:

EXECUTIVE DIRECTOR

Genesis and Light Center
4914 N. State Street
Jackson, MS 39206
(601) 362-6737 – FAX
(601) 362-6736 – OFFICE

only chairs/tables provided and should be picked up not slid when being moved and broken back down when event is completed.

spills or carpet stain should be removed

no decorations should be taped to painted walls/floor – small thumb tacks can be used

all garbage should be placed in dumpster

rental party must remain in area rented

renter is responsible for any alcohol relate injuries/damages.



Received from:				
Received date:				Event Date:
Total Owe:				Balance Due Date:
Amount Paid:				Signature:
Balance:				
Total Paid				
<input type="radio"/> Cash	<input type="radio"/> Money order	<input type="radio"/> Check #	<input type="radio"/> Other	Host:
<input type="radio"/> Cash	<input type="radio"/> Money order	<input type="radio"/> Check #	<input type="radio"/> Other	
<input type="radio"/> Cash	<input type="radio"/> Money order	<input type="radio"/> Check #	<input type="radio"/> Other	