

***NOTE: Renter should submit completed application, obtain approval of application, and pay rental fee within 14 days of initial date of booking your reservation. If rental fee is not paid within the 14-day period, your reservation date will be released and available for rental by another party.***

*If you reserve the pavilion along with the Rosenwald Community Center and your reservation is dropped due to non-compliance of the "14-Day Rule" your pavilion reservation will be dropped as well.*

## **Application for Reservation Request**

**ROSENWALD COMMUNITY CENTER – 565 Mason Tucker Dr. – Smyrna, TN 37167**

**SMYRNA PARKS AND RECREATION DEPARTMENT**

**100 Sam Ridley Parkway East Smyrna, TN 37167**

**(615) 459-9773 (office) (615) 459-9727 (fax)**

**Date Requested:** \_\_\_\_\_ **Number Attending:** \_\_\_\_\_

**Time Requested: 8AM-2PM (\$75) \_\_\_\_\_ 4PM-Close (\$75) \_\_\_\_\_ All Day (\$150) \_\_\_\_\_**  
**NO REFUNDS on cancellations if less than 72 hour notice**

**Type of Activity:** \_\_\_\_\_

**Description of Activity:** \_\_\_\_\_

**Event advertised publicly? Yes / No If yes, how?** \_\_\_\_\_

**Group/Individual Requesting Usage:** \_\_\_\_\_

**Phone Numbers:** (home, work, & cell) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Are you Contracting with a Special Event/Catering Company? If yes, who?**  
**(Certificate of Liability required from each company)** \_\_\_\_\_

**List items being brought in by special event company:** \_\_\_\_\_

**List items being brought in by you:** \_\_\_\_\_

I have read and understand the attached Rosenwald Community Center Rental Policies. I agree to abide by these policies and to assume responsibility for all damages and/or loss of property to the facility as a result of failure to abide by these policies.

I understand and agree that in using the facilities that shall be maintained by the Town of Smyrna, there is the possibility of accidental or other physical injury. The undersigned further agrees to assume the risk of such injury, and further agrees to indemnify the Town of Smyrna, and any and all of its agents, representatives, successors in interest, employees and assigns from any and all liability attributable to the Town of Smyrna, its agents, representatives, successors in interest, employees and assigns by either the undersigned or third parties as a result of the use by the undersigned of the facilities. I am age 21 or older.

\_\_\_\_\_  
**Name (please print)**

\_\_\_\_\_  
**Today's Date**

\_\_\_\_\_  
**Signature**

Please allow 2-3 business days for processing

Office Use:

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Date: \_\_\_\_\_

PARKS DEPARTMENT APPROVAL: \_\_\_\_\_

Rental Fee: \_\_\_\_\_

Key Returned: \_\_\_\_\_

Deposit: \_\_\_\_\_

Deposit Returned: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Deposit Forfeited: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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