

PAT BELL CONFERENCE CENTER
At HURRICANE SHOALS PARK
JACKSON COUNTY PARKS AND RECREATION
441 GORDON STREET
JEFFERSON, GEORGIA 30549
706-367-6350

Name: _____ DOB _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone #: _____

Event to be held: _____

Date Requested: _____ Time: _____

Approximate number of people attending: _____

Security Deposit: \$200.00 (refundable after inspection, separate check required)

Full Day Rental: \$200.00 (includes 5 tables and 30 chairs)
Additional tables and chairs if needed may be rented

Tables: \$3.00 per table _____ Chairs: \$1.00 _____

NO REFUNDS WILL BE GIVEN FOR CANCELLATIONS

Alcohol usage requires a staff member to be present one hour before, during and one hour after the event. The staff member must be paid in cash at the conclusion of the event at a rate of \$15.00 per hour.

The kitchen is stocked with dishes, glasses, silverware, pots, pans, bowls, etc and if used, must be cleaned up and all dishes either washed or loaded into the dishwasher and turned on. If the Center is rented for a banquet where banquet style seating is required, you must first make an appointment to see the facility to make arrangements. You can make an appointment by call the JCPR Central Office at 706-367-6350.

There are to be no decorations put up that require push pins, tacks, staples, tape, etc to the walls, doors, cabinets, fixtures, furniture, etc. All decorations must be free standing or hanging.

There will be no MOVING of the furniture from one room to another, this must be done by the JCPR staff.

There can be NO LONG DISTANCE CALLS made from the Center.

Total Amount Due: _____ Deposit Check # _____ Receipt # _____

Rental Check # _____ Receipt # _____

Date _____

Refund Deposit Processed on _____

Set up instructions: _____

Pat Bell Conference Center

Event: _____

Event Date: _____

Contact: _____

Contact Number _____

Liability Waiver: I agree to hold harmless Jackson County Parks and Recreation employees and the Board of Commissioners from any and all liability resulting from me or my group's use of this facility and any injuries that may result from the scheduled event. I further agree that if alcohol is present, I will follow all guidelines and procedures set forth by Jackson County Parks and Recreation and will not violate any County ordinances or State Laws. I agree that I will forfeit my security deposit if the facility is not in good order and there is any damage. I further agree that any damages above the amount of my security deposit will be paid in full to Jackson County Parks and Recreation within ONE WEEK of my rental.

Deposit fee must be paid at time of reservation to secure use. Full payment must be made before the day of your event. Your reservation is confirmed when you deposit fee is paid.

Signature

Date

JCPR received on _____