



2404 FIRST AVENUE SOUTHWEST, LONG VIEW, NC 28602

(828) 322-3921

NAME (PLEASE PRINT): _____

ADDRESS: _____

(CITY) (ZIP CODE) PHONE: _____

BUSINESS NAME (IF APPLICABLE): _____ BUSINESS PHONE: _____

DATE RESERVED: _____

RENTAL PURPOSE (BABY SHOWER, REUNION, ETC): _____

LOCATION REQUESTED:

- RECREATION CENTER BUILDING
- RECREATION CENTER GROUNDS (UPPER FIELD)
- RECREATION CENTER GROUNDS (LOWER FIELD)
- GAZEBO

TIME RESERVED (FOR GAZEBO OR GROUNDS ONLY):

- 8 AM – 12 NOON
- 1 PM – 5 PM
- ALL DAY (8 AM – 5 PM)

LIABILITY

I, _____ by the signing of this document do accept responsibility for any property loss and/or damage to the Long View Recreation Center while I am renting and in control of the facilities.

I also agree to and understand that if there is property loss and/or damage to the facilities that the Town of Long View may withhold part or all of my deposit for the amount of such property loss and/or damage.

I also agree to and understand that before my deposit will be refunded, the building/gazebo/grounds will be checked for property loss and/or damage BEFORE it is used again.

I, _____ by signing this document have received a copy of rules and regulations of the rental of the Long View Recreation Center and do agree to follow these rules and regulations set forth by the Town of Long View regarding the use of the facilities.

I do hereby release the Town of Long View and the Town of Long View Recreation Department of any and all liability in case of an accident or injury.

SIGNED TODAY'S DATE WITNESS

(FOR OFFICE USE ONLY)

KEY# _____

KEY PICKED UP DATE: _____

TIME: _____

KEY RETURNED DATE: _____

TIME: _____

REFUND OF KEY DEPOSIT:

- YES
- NO
- PARTIAL: _____

IF NO OR PARTIAL SELECTED, REASON (ATTACH PICTURES):
