

RENTAL APPLICATION

MARION GERRISH COMMUNITY CENTER (MGCC)

39 W. BROADWAY, DERRY, NH 03038

TEL. 603-434-8866 FAX 603-432-5760 EMAIL: MGCC.DERRY@GMAIL.COM WWW.MGCCDERRYNH.ORG

JANUARY - DECEMBER 2021

Our support comes from your donations, thrift shop sales & room rentals. Thank you!

Who is the rental for (name we will list on reader board)? _____

Reason for rental (Business, Birthday, Baby Shower, Party, etc.): _____

How many attending? _____ How did you learn about our rooms? _____

Pricing & Information:

- **All unvaccinated guests are requested to wear a face mask properly at all times.**
- Regular hours are Monday – Friday, 8:00 a.m. to 9:45 p.m. and Saturday 9:00 a.m. to 4:45 p.m.
- Room One (includes full kitchen) is \$120 for four (4) hours and \$20 for each additional hour.
- All other rooms are \$60 for four (4) hours and \$20 for each additional hour.
- **Four-hour rental time INCLUDES the set up and clean up time.**
- Prices double for use outside of the regular operating hours listed above.
- A **SEPARATE, \$50 security deposit** is required at the time of reservation & will be returned on the next business day, after the rental, if room is returned in proper condition.
- **Room rental fee must be paid two weeks prior to event.**
- We require two-week notice of cancellation for a refund.
- We have TVs, DVD players & a computer compatible projector available to sign out.
- No DJ's however, music is allowed as long as it is kept to a reasonable level.
- Please remember WE RECYCLE!
- I have read & understand the Room Rental Rules (separate sheet). _____ Initial
- I have read & understand by signing we agree to hold the MGCC harmless. _____ Initial
- WE DO NOT ALLOW **ANY TOBACCO** products (including e-cigarettes) _____ Initial
- **TELL YOUR GUESTS NO ALCOHOL ON OUR PREMISES.** _____ Initial
- Room must be returned to original state to receive security deposit back. _____ Initial
- The use of open flames is prohibited in our building. _____ Initial
- We reserve the right to cancel reservations. _____ Initial
- *(We will announce on WMUR, News 9 if the Center is closed)*
- If you violate MGCC rules, rental fee & security deposit won't be refunded. _____ Initial

Room No: _____ Date: _____ Times: _____

Room Rental Fee \$ _____ Additional hours fee: \$ _____

Contact Person: _____

Address: _____ City, State, Zip: _____

Phone number(s): _____ E-Mail: _____

I understand the terms listed here & Room Rental Rules (separate sheet) & I agree to abide by them.

Signature of person renting room & date

Received Security Deposit of \$ _____ on _____ by _____

Received Total Rental Fee of \$ _____ on _____ by _____

RETURNED Security Deposit of \$ _____ on _____ by _____