



Pharr Family YMCA Ballroom Rental Agreement

208 Main Street, Mc Adenville NC 28101

Phone: 704-824-1131

**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Date Reservation Made: _____ Date of Scheduled Event: _____

Type of Event: _____ Start/End Time: ____/____

Deposit Amount: \$100.00 Date Paid: _____ # of Guests _____ Facility Fee \$100 Y/N _____

Date Paid: _____ Active YMCA Member# _____/Non-Member/McAdenville Resident

Rental Fee: _____ per hr. For _____ # of hours Total due: _____ 2 weeks prior to event

Name of Contracting Party: _____ Date of Birth: _____

(Contracting Party must be present at all contracted hours)

Address: _____ City: _____

State: _____ Zip: _____ E-Mail: _____

Home Number: _____ Cell Number: _____

I, _____ accept full responsibility for the use of the William J. Pharr Family YMCA Ballroom/Kitchen and will abide by YMCA Rules and Regulations as posted. I will not allow any guests to enter/use the Gymnasium or Fitness Room. I am responsible for items missing and/or for any damages incurred during my use of the Pharr Family YMCA. I will ensure that the facility will be left in the same condition it was found. I understand there is **NO Smoking or use of Alcohol or drugs in the facility and/or on the grounds. Do not allow DJ's to use dry ice. Do not remove any dishes or utensils from kitchen or any fixture from facility. Failure to abide by any rule, regulations, or the rental policies given with this contract will result in forfeiting deposit.**

I hereby release the Gaston County Family YMCA, the McAdenville Foundation, and Pharr Yarns, Inc., from any liability and waive any right to recovery, I may have, as a result of any injury, I or any member of my party, may incur, while at the Pharr Family YMCA. This includes any medical costs incurred as a result of injury, while present at the YMCA. _____ ***(initial)***

I understand that the cancellation of this agreement must be done no later than 45 days prior to the event date to receive a refund on my deposit. All cancellation and deposit refunds will be processed through the YMCA Corporate Office and may take up to 14 days. _____ ***(initial)***

Date of cancellations: _____ Amount of Refund: _____ Date of Refund: _____

Contracting Party Signature: _____ Date: _____

Pharr Family YMCA Signature: _____ Date: _____