LYNDON HOUSE ARTS CENTER
FACILITY USE APPLICATION

FACILITY USE DATE:_____

GROUP NAME:_____

DAY PHONE:_____ NIGHT PHONE:_____

CONTACT PERSON:_____

ADDRESS:_____
street city state zip

BRIEF DESCRIPTION OF ACTIVITY:_____

_____

#OF PARTCIPANTS:_____

CHECK SPACES NEEDED:

WARE-LYNDON HOUSE:___ATRIUM:____COMMUNITY ROOM:____KITCHEN:_____

LOUNGE:___UPSTAIRS NORTH PORCH:____ OTHER:_____ specify

NUMBER OF TABLES RESERVED_____NUMBER OF CHAIRS_____

ALCOHOL TO BE SERVED BY LICENSED CATERER?_____YES _____NO

TIME EVENT BEGINS:_____ TIME EVENT ENDS:_____

SET-UP BEGINS:_____ CLEAN-UP ENDS:_____
=total contract time of _____hours
A damage deposit of $300 and payment of the rental fee confirms your reservation on the calendar.

The user is entitled to have the deposit and rental fee refunded only if the Lyndon House Arts Center receives written notice of cancellation at least 15 days in advance of the event date.

Checks payable to Athens-Clarke County.

FACILITY COST_____ DATE TAKEN_____

DEPOSIT (if applicable)_____$25.00 PER HOUR SECURITY FEE (AFTER HOURS)