## HART COUNTY BOTANICAL GARDEN PAVILION USE APPLICATION Non-Profit Classes

Your Name:			
Name of Organization (if appl	icable):		
Your Mailing Address:			
Your email address:			
Your Phone Number: Alternate Phone Number:			
Reservation Date: Month:	Day	Day: Year:	
Reservation Hours: Begin time	e:(AM / P	M) End time	(AM / PM)
also required for every reserva The security deposit will be retables and fifty-six chairs are a nonprofit groups) and is nonre Fees: All checks made payable Mail Checks to: P. O. Box 44,	funded after a damage available for a rental fe efundable. e to: Hart County Bota	e inspection is complete see of \$50 (\$25 for mem	ed. Thirteen
Fee	Date Paid	Payment Source (Cash/Check/Onl	line)
Pavilion Use Fee – \$50		,	
Security Deposit – \$100			
Security Deposit – \$250			
Table & Chair Rental – \$50			
Table & Chair Rental – \$25			
Total Paid:	e by the Hart County Bo		lion Use Policy. I
Signed:	Dated:		
For Botanical Garden Use Only:	:		
Reservation Put on Calendar:	, Email sent to Res	server and to Garden Co	ontact:
Amount of Deposit Refunded: _	Date:	Check #	
Signed:	Date:		