

HART COUNTY BOTANICAL GARDEN PAVILION USE APPLICATION

Your Name: _____

Name of Organization (if applicable): _____

Your Mailing Address: _____

Your email address: _____

Your Phone Number: _____ Alternate Phone Number: _____

Reservation Date: Month: _____ Day: _____ Year: _____

Reservation Hours: Begin time: _____ (AM / PM) End time _____ (AM / PM)

FEES:

A Security Deposit of \$100 is required for every reservation. If alcohol is being served the security deposit is \$250. This will be refunded after damage inspection is completed.

A Restroom Cleaning of \$35 is required for every reservation and is nonrefundable.

Thirteen tables and fifty-six chairs are available for a rental fee of \$50 (\$25 for members and nonprofit groups) and is nonrefundable.

Fees: All checks made payable to: Hart County Botanical Garden.

Mail Checks to: P. O. Box 44, Hartwell, Ga 30643

Security Deposit (\$100)	Date Paid: _____	Payment Source:
Security Deposit (\$250)	Date Paid: _____	Cash: _____
Restroom Cleaning (\$35)	Date Paid: _____	Check: _____ # _____
Table and Chair Rental \$50	Date Paid: _____	Online: _____
Table and Chair Rental \$25	Date Paid: _____	Total Paid: _____

I have read and agree to abide by the Hart County Botanical Garden Pavilion Use Policy.

Signed: _____ Dated: _____

For Botanical Garden Use Only:

Reservation Put on Calendar: _____, Email sent to Reserver and to Garden Contact _____

Amount of Deposit Refunded: _____ Date: _____ Check # _____

Signed: _____ Date: _____