

RESERVATION FORM



215 North Main Street • Mooresville, North Carolina 28115 • www.cmcmooresville.com • Office 704.662.3334 • Fax 704.662.3344

Check Rooms Reserved: The Moore The Burlington The Lowrance Kitchen #1 Joe V. Knox Auditorium
 Kelly Courtyard Conference Room Alice's Garden Lower Lobby
 The Peddler The Cedars The Merchant Kitchen #2

NA-7/13/17
NA
7/13/17

Date of Your Event: _____

Room Reserved From: _____ (am/pm) To: _____ (am/pm) Actual Event Time: _____
(Please be sure to reserve the time you require including time for decorating and clean up)

Event Contact Person: _____ Group /Organization: _____

Telephone: _____ E-Mail Address: _____

Type of Event: _____ Number of People Expected: _____

Beer/Wine/Champagne Spirituous Liquor Mooresville Police Officer Required: Yes No

(ABC Permit is required to serve or sell fortified wine or spirituous liquor or brown bag. No brown bagging without a permit. An off duty officer is required to be present at ALL events where alcohol is served.)

Setup Diagram, Events Worksheet, Final Balance, & Proof of Permit/Officer (if applicable) MUST be provided to us at least two weeks prior to event.

Event Name & Important Info for Signage: _____

Equipment Needed: _____ Equipment Total: _____

Security Deposit: _____ Room Rental Fee: _____ ~~Kitchen Rental Fee: _____~~

NA
7/13/17

Courtyard/Garden Rental Fee: _____ Joe V. Knox Auditorium Rental Fee: _____

Rent Total: _____ Rent Paid: _____ Balance Due: _____ (14 days before use): _____

By my signature below, I take complete responsibility for the use of my address for my private, group or organization's event. I further acknowledge that any information that I have provided is true to the best of my knowledge and belief. **I agree that prior to signing this application I have read a copy of the policies governing the use of the facility and agree that as the responsible representative for this group or organization, I will take responsibility for our group or organization's compliance with the rules and regulations and policies and fee schedule governing the use of the facility.** I also agree that all rent and fees shall be paid by the above due date (14 days before scheduled event), and if such rent or fees are not paid, the confirmed reservation shall automatically and without notice become void. Further, I agree both on my behalf and those in charge of the event for which the Charles Mack Citizen Center is being rented or leased, to assume all risks involved when using the space rented and agree that any materials added to the rental space specific for the event is my sole responsibility and the Town assumes no responsibility for my use of such materials. By my signature below, I also understand and agree that it is my responsibility to insure that any materials brought in by the participants or those acting on their behalf is safe for the function for which I/we are using the Center.

Date: _____ Signature: _____

Deposit Refund Address: _____

IMPORTANT: Your reservation IS NOT CONFIRMED until we have received your reservation form, the security deposit, and at least 1/2 of the total rent as stated in our rules & guidelines.

How did you hear about us? _____

Were you referred by someone? If so, who? _____

Charles Mack Citizen Center Management Approval: _____

Date: _____ Fee Received: _____

Date: _____ Fee Received: _____