

BROWN COUNTY HISTORICAL SOCIETY
Application for Facility Use

90 East Gould
P.O. Box 668

Nashville, IN 47448
Office: 812-988-2899
Alice Lorenz: 812-988-4852

Individual/Organization:	
Responsible person:	
Phone:	Email:
Address:	
Room/s needed:	Date/s:
Begin reserve time:	End reserve time:
Profit organization? Yes () No ()	Expected attendance:
Purpose of Activity:	

Office Use:

This **AGREEMENT** is entered into by and between the Brown County Historical Society (BCHS) and the undersigned User. The parties agree as follows:

1. **User Deposit.** The user fee and security deposit are due at the time this agreement is signed. A date is not reserved until the deposit and signed contract are received. Upon reservation, you will be provided with a copy of a reservation receipt which will include the date and time of your reservation. The full security deposit will be refunded within 30 days after your event if no damage is assessed to the facility and all conditions of this **AGREEMENT** are met. The amount of any damages or costs, clean-up or otherwise, will be deducted from the security deposit. You will be responsible for any costs in excess of this security deposit.
2. **Cancellation Policy.** If an event is cancelled by the User up to 30 days in advance, 75 percent of the rental fee will be returned. The security deposit will be refunded in full. If less than 30 days notice, the security deposit only will be refunded.
3. **BCHS Representative.** A BCHS representative is required for all events at an additional fee of \$10 per hour, to be paid in full by cash.
4. **Facility Use Policy.** The User agrees to abide by the rules and conditions set forth in the Facility use Policy.

I certify that I have read the Facility Use Policy and will observe the guidelines for use of the facility. I assume full responsibility for any damage to the facility and agree to pay for any damages.

Date _____ Signed _____
Signature of responsible person