

# Community Center

310 N. L. Rogers Wells Blvd. • Glasgow, KY 42141

## AGREEMENT

- The Community Center at the T.J. Health Pavilion is available for T.J. Regional Health, Inc., and its sponsored events, and may be used by local non-profit organizations and community businesses for educational meetings or business events.
- The Community Center is not available to private individuals for parties or for personal use.
- Availability of the Community Center is on a first-come, first serve basis with a signed agreement required.
- Food must be served by a caterer approved in advance by T.J. Regional Health, Inc., and who has signed the necessary catering agreement, and who has the proper documentation on file. T.J. Regional Health, Inc. reserves the right to cancel a scheduled event if the caterer is in non-compliance.
- Limited non-catered food items may be served by groups reserving the Community Center but must be pre-approved.
- Alcoholic beverages may be served on a limited pre-approved basis, but only by an approved caterer with the proper licensing, and per the signed alcoholic beverage addendum.
- Reservations are to be made by contacting Happy Neal (call 270.670.3824 or email Jneal@tjsamson.org).
- The Community Center is available for use from 7:00 a.m. to 5:00 p.m., Monday to Friday. Occasional evening and weekend hours may be approved based on staffing availability.
- There is a nominal fee for set-up and cleaning services. One room: \$75. Two rooms: \$150. Three rooms: \$225.
- There is no charge for non-profit organizations. (Must provide proof of 501(c)(3) status)

### Liability:

- T.J. Regional Health, Inc. reserves the right to inspect all functions. The individual or group signing agreement accepts responsibility for any damages incurred to property and will be charged accordingly.
- T.J. Regional Health, Inc. cannot be responsible for personal property or equipment brought on to the premises.
- Entity signing agreement shall hold T.J. Regional Health, Inc. and its affiliates harmless from any and all claims, suits, losses, damages and expenses in case of injury to any party in connection with the event or meeting.

### The use of the T.J. Regional Health, Inc. Community Center is requested for:

Name of Organization or Group: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Time Needed: Beginning at \_\_\_\_\_ (a.m.) (p.m.) AND Lasting to \_\_\_\_\_ (a.m.) (p.m.)

Event Description: \_\_\_\_\_

Anticipated Number Attending: \_\_\_\_\_

Seating:  Tables OR  Auditorium Style: Number of chairs \_\_\_\_\_ (240 max)

Audio-Visual Requests:  Projector  DVD *Microphone:*  Lapel  Headset  Handheld

Will you serve food?  Yes  No If yes, who is the caterer?  T.J. Regional Health  Diane's Catering  FAB Catering

Will you serve alcohol?  Yes  No If yes, *Addendum* must be completed.

Is this your first time renting the Community Center?  Yes  No

Do you agree to leave the room(s) in the same or better condition as when you arrived?  Yes  No

### Fees and Approvals:

\$75 (one room)  \$150 (two rooms)  \$225 (three rooms) Date Paid: \_\_\_\_\_

### Primary Contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
T.J. Regional Health Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date