



SUGAR HILL RENTAL CONTRACT

TODAY'S DATE _____

Facility to be Rented:

Community Center _____

Date: _____ Day: _____

* Rental Hours: From: _____ To: _____

*These hours include all time required for set up, the event, and take down & clean up.

RENTAL INFORMATION

Purpose of Rental: _____

Responsible Person: _____ Contact Person: _____
(Both must be at least 21 years of age and a Sugar Hill Resident)

Address: _____

City _____ State _____ Zip _____

Phone # (Cell) _____ (Work) _____ (E-mail) _____

OFFICE USE ONLY

Signature of Sugar Hill Staff Completing Form: _____

Stipulations: _____

Fees:

Rental Fee _____ Cash _____ Check # _____ VISA MC DSC **PAID DATE:** _____

Deposit Fee _____ Cash _____ Check # _____ VISA MC DSC

Name on Check _____

Deposit Pick up _____ Date _____

Cancellation signature: _____

Date of cancellation: _____

EMERGENCY? CALL THE 24 HOUR NUMBER
770-945-6716
(i.e. Weather an/or problems with rental)

**IN CASE OF EMERGENCY, CALL
GWINNETT POLICE AT 911**