



Reservation Request

To request use of the space, complete the following and submit to Cereto Bean, VP of Operations & Leadership Programs, in person at the Chamber offices or via e-mail at cereto@fayettechamber.org. To check availability of the space, call (770) 461-5946.

8:00 am – 5:00 pm Monday - Friday	Regular Price*	Chamber Members 25% off discounted price*
½ Day (up to 5 hours which includes setup and cleanup)	\$300	\$225
Full Day (up to nine hours)	\$550	\$412.50
Nights and Weekends		
½ Day (up to 5 hours)	\$550	\$412.50
Full Day (up to nine hours)	\$775	\$581.25
Weekend Rental (Friday p.m. – Sunday p.m.)	\$1,400	\$1050

***A CLEANING FEE of \$50 per day is added to all rentals regardless of rental length or member status.**

Renter Information:

Please include the contact info for the rental organizer and person in charge of the event.

Organization: _____ Fayette Chamber Member(Y/N): _____

Address: _____

Primary Point of Contact: _____

Title / Role: _____

Phone: _____ Email: _____

Please note: The Chamber Meeting Place (TCMP) is available for business meetings and business events. It is not available for parties. All rental approvals are at the discretion of the Chamber staff and may be denied if deemed inappropriate or if there is a conflict with a Chamber event/need.

Event Details:

Description of Event: _____

Date(s) of Event: _____ Time Period (including setup and cleanup): _____

Number of people expected: _____ (up to 92 people @ tables)

Please note, any rearrangement of the room incurs a \$100 fee whether you reset it or not.

Will you use caterer for this event? (\$100 fee if **NOT** using a Chamber member) Yes: _____ No: _____

If yes, name of caterer: _____ Chamber member? Yes: _____ No: _____

Will you need assistance using the Chamber Audio/Visual Package? (no charge) Yes: _____ No: _____

(Includes: Microphones, LCD Projector, Assistance setting up Laptop (it is highly recommended that renter brings their own). If using an Apple/Mac, please have an HDMI connector to assist with connection to projector. No assistance is guaranteed on the weekends.

Important Information:

Please initial each item to indicate that you have read and agree to each of the following:

_____ **Payment Terms:** Rental fees must be paid in full when the space is reserved for Organization.

_____ **Event Parking:** Please park in the spaces opposite the building. Spaces in front of the Chamber office should not be used except on weekend or evening events, handicap spots excluded.

_____ **Approved Usage (initial here AND check each one):**

- The Chamber Meeting Place cannot be used for any campaign or political event, unless special approval is granted by Chamber Staff.
- The Chamber Meeting Place cannot be used for any gambling activity.
- The Chamber Meeting Place cannot be used for any illegal activity.
- The Chamber Meeting Place cannot be used for "parties" (determined at discretion of the Chamber Staff).
- The Chamber Meeting Place is a place of business. Loud music/noise or other activities that disrupt business operations are not allowed. Non-compliance could result in inability to rent the facility in the future.

_____ **Not Permitted (initial here AND check each one):**

- No smoking is allowed inside the Chamber Meeting Place.
- No alcoholic beverages are allowed inside or outside of the Chamber Meeting Place.
- No materials may be affixed or stuck to any walls in the facility for any reason.
- Balloons are NOT ALLOWED in the large meeting room at any time. Loose balloons on the ceiling will result in \$50 damage fee.
- No items that may cause damage to the facility. If in doubt, ask a chamber staff prior to use.
- Breaking these conditions will result in inability to rent the facility in the future.

_____ **Food and Beverages (initial here AND check each one):**

- The Chamber does not provide any food or beverages for the event except for ground coffee.
- You may use the Keurig but please bring K-cups to use in the Keurig. Renters are responsible for bringing liquid creamer.
- The Organization must provide its own consumable paper/plastic products, condiments, and serving equipment.

_____ **Food Service or Catering:** If serving food at TCMP, you are required to use a **Fayette Chamber member** for pickup, delivery, or on-site catering. For a current list, check the *Restaurants, Food & Beverages* category under the *Member Directory* on www.fayettechamber.org. **Please note, there is an additional \$100 fee if NOT using a current Chamber member.**

_____ **Cancellation or Rescheduling of Event:** If it is necessary to cancel or reschedule the event, please provide the Chamber with a 24-hour notice. Otherwise, there may be a \$25 processing fee.

_____ **Facility Cleanup (initial here AND check each one):**

- Tables and chairs may NOT be rearranged unless the room reset fee has been paid.**
- The TCMP Day Of Reminders & Checkout Sheet must be completed, signed and left on the table in the café prior to leaving the Chamber Meeting Place.
- When leaving building after regular hours or on weekends, the right door must be hard-locked using the two levers inside the door frame.

_____ **Proof of Insurance (initial here AND check each one):**

- For all events scheduled after regular chamber business hours or on weekends, the Organization must provide, at least 24 hours in advance of event, proof of coverage of liability/damage insurance. This may be submitted on an annual basis.
- If the Organization has no insurance and cannot provide any, please note that by signing this agreement below the Organization is accepting responsibility for any damages to the facility caused or created by any and all participants attending the Organization's event, whether intentional, accidental or through negligence. The Organization indemnifies and holds the Fayette Chamber of Commerce, Inc. and its employees, board members, volunteers and members harmless from any and all injuries, claims, damages, suits and costs from whatever cause arising from use of the facility.

Next Steps:

Upon signing of this agreement by both parties, an invoice will be created and emailed to the person listed on this document. Payment is due within five (5) business days or prior to the event, whichever comes first. The Fayette Chamber of Commerce accepts cash, check, and credit card payments.

Organization Acceptance:

By signing below, I am stating that I have read and agree to the terms and guidelines set forth in this document by the Fayette County Chamber of Commerce, Inc. for the use of The Chamber Meeting Place, located at 600 West Lanier Avenue, Suite 205, Fayetteville, GA 30214 as stated above. I understand and acknowledge that, as the renter of the facility, I am responsible for ensuring that anyone, including employees, guests, or any other individual who will attend or view the contemplated activities at the Fayette Chamber Meeting Place will comply with the aforementioned requirements. I further state that I am authorized to bind the Organization listed on this document to the Terms and Conditions of this agreement, including accepting responsibility for any damages to the facility caused or created by any and all participants attending the event, whether intentional, accidental or through negligence. The listed Organization hereby indemnifies and holds the Fayette Chamber of Commerce, Inc. and its employees, board members, volunteers and member organizations harmless from any and all injuries, claims, damages, suits and costs from whatever cause arising from use of the facility.

Signature: _____ Name (Printed): _____

Date: _____ Title/Relationship to Organization: _____

Payment Information:

- Please invoice me for \$ _____
- Payment by Check (please make check out to Fayette Chamber of Commerce)** - Preferred
- Please charge my credit card

Name on Card: _____

Credit Card Number: _____ Security Code: _____

Expiration: _____

Billing Address: _____

Signature: _____ Date: _____

Confirmation (for Chamber use only):

This event has been approved by the Chamber of Commerce.

Printed Name: Cereto Bean Position: VP of Operations & Leadership Programs

Signature: _____ Date: _____