



## MEETING HOUSE RENTAL APPLICATION

**Facility Address: 407 W. Hampton Street, Sumter, South Carolina**  
**For assistance, contact the Visitors Center, 822 W. Liberty Street, Sumter, SC 29150**  
**803-436-2640 | [tourism@sumtersc.gov](mailto:tourism@sumtersc.gov)**

**Event Date:** \_\_\_\_\_

**GENERAL RULES (YOU MUST READ AND CHECKMARK EACH LINE):**

- Parking is available in the lot located at 112 N. Salem Street. The parking lot cannot be closed for rentals and may not be adequate for larger events. No Parking on grass, along the street, or in Memorial Park.
- The Meeting House and surrounding area will be left clean as found. All trash will be put in the outside receptacles.
- If the kitchen area is utilized, it will be left clean and free of debris. Please ensure that all food debris is removed, and all food items are removed from the microwave and refrigerator. Do not use countertops as a cutting surface. No open frying allowed.
- You may decorate the facility using tape, ribbon or soft wire. No tacks, staples or nails are allowed. All candles must be contained, no open flames. Air filled balloons are allowed. Helium balloons are NOT allowed. All changes to floor plans must be provided two weeks prior to the event. Moving of furniture by anyone other than the park staff is not permitted and will result in forfeiture of your deposit. We strongly recommend that you review your floor plan with your caterer and/or event coordinator prior to submission.
- Rental hours begin when doors are opened to begin set-up and run continuously until the center is completely vacated. The building and premises are to be cleaned and cleared by the end of your scheduled contract time.
- All historic furniture is for display only, not available for use for food/beverages. Please do not move them.
- Additional fees will be charged to the person renting the facility if damage is done to the City's equipment and/or furnishings resulting from misuse or carelessness. Do not drag equipment, tables, chairs or other heavy objects across the floor or countertops.
- The City will NOT be responsible for any property not removed from the premises.
- The City reserves the right to refuse any event or bring an event to a close if rules are not followed.
- As this is a residential neighborhood, any amplified sound must be kept at a reasonable volume.
- Alcoholic beverages are not allowed without prior approval. No alcoholic beverages may be consumed in the parking lot or park area around the facility. All alcohol must remain within the confines of the rental facility. Only beer and wine are allowed. Security is required if alcohol is present.
- Smoking/Vaping, etc. is prohibited in and on all City property.
- Pets, inflatables and fireworks are prohibited. Pets are allowed at Memorial Park but not inside the facility.
- Collection of entry fees or exchange of money is prohibited on City property.
- The facility shall be manned at all times by the renter, for the length of the rental. For lock-up, please call Park Patrol at 803-983-6504.

**I (signature) \_\_\_\_\_ HAVE READ AND AGREE TO THE  
ABOVE CONDITIONS FOR THE USE OF THE MEETING HOUSE WITH THE UNDERSTANDING OF COMPLETE  
RESPONSIBILITY OF ADHERENCE TO THE RULES.**



## MEETING HOUSE RENTAL APPLICATION

### **MEETING HOUSE RENTAL RATES:** *(All Rentals Figured in One Hour Increments)*

A Deposit of \$175 is required to secure the requested date.

*If the event is canceled prior to the start of the event due to inclement weather, or if the event is canceled and the required two-week notice is given, the deposit is refundable. If the event is moved to another date within 60 days from date of cancellation (based on availability) the deposit and any rental payments will carry over.*

- \$175.00 Rental Flat Rate per hour (2-hour minimum required) \*
- \$2,100.00 flat rate per day \*

*\*Price is subject to change.*

Payment in full and any contract changes are required two weeks prior to the event date, or the event is subject to cancellation. \_\_\_\_\_ (initial)

Return Check Policy: \$25 fee for \$100 or less, \$30 fee for over \$100. All subsequent payments must be **cash or credit** and will include the returned check fee.

### **MEETING HOUSE HOURS OF RENTAL**

- Monday – Saturday, 8 AM – 10 PM
- Sunday, 2 PM – 10 PM

Setup Time Begins	Event Begins	Event Ends	Cleanup Time Ends
_____	_____	_____	_____

### **Equipment/Space available with rental (please check all you plan to use for the event):**

— Commercial Refrigerator	— Chairs (85)
— Commercial 3-partition Sink	— 6 ft. Round Tables (8)
— Commercial Microwave	— 6 ft. Rectangular Tables (3)
— Ice Machine	— Meeting Rooms (2), with conference tables)
— Podium, with attached mic	— Parlor, with four upholstered seats
— Large Monitors (2, with HDMI plug-in)	

**\*PLEASE NOTE THAT THE FIREPLACE IS DECORATIVE ONLY\***



## MEETING HOUSE RENTAL APPLICATION

### **SECURITY INFORMATION:**

The Management of the Meeting House requires the Lessee to provide safety/security personnel during the lease period for any party serving alcohol. The safety/security personnel will be required to be present 30 minutes before the event begins and until at least 30 minutes after the program is completed. The safety/security personnel must be off-duty uniformed Sumter Police Officers. Visitors Center personnel will make all arrangements to secure the required personnel for the safety/security force. I understand the requirement to have Sumter off-duty police officers to act as safety/security personnel during the lease period. I understand that if I have not secured an off-duty uniformed officer, then the City of Sumter will refuse entry of additional patrons over 75. I also understand that only off-duty uniformed Sumter Police Officers are authorized for security.

(Pay Rate: \$35 per Officer, per hour) Total Hours Security is needed: \_\_\_\_\_ X \$35/hour

**Total Cost for Security: \$\_\_\_\_\_ Balance Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

(Security Officer Fee's Must Be Paid with Separate Money Order two weeks prior to event)

**TOTAL NUMBER OF ATTENDEES:** \_\_\_\_\_

(Maximum occupancy is 75 total with adults and children)

Any guests more than the number stated above may result in immediate termination of the event and forfeiture of the security deposit. \_\_\_\_\_ (initials)

**TYPE OF EVENT:** \_\_\_\_\_

**DATE / DETAILS:** \_\_\_\_\_

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### **RENTER INFORMATION:**

PERSON RESPONSIBLE FOR USE & MUST BE PRESENT DURING THE EVENT. This person is responsible for all payments as well as any damages.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



# MEETING HOUSE RENTAL APPLICATION

## **FINAL REQUEST FOR RESERVATION:**

**I have read the conditions for the use of the Meeting House at Memorial Park and agree to see that all regulations are strictly adhered to and carried out. I am aware that violations of the regulations will result in vacating the premises immediately and/or not using the facility in the future.**

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Signature of Visitors Center Staff      Print Name      Date

**FOR OFFICE USE ONLY: Payment Information**

Total Deposit: \$\_\_\_\_\_ Deposit Paid By: \_\_\_\_\_ Deposit Received Date: \_\_\_\_\_

Total Cost of Rental: \$ \_\_\_\_\_ Balance Due Date: \_\_\_\_\_

### Payment Received:

\$ \_\_\_\_\_ Date: \_\_\_\_\_ Remaining Fee: \$ \_\_\_\_\_ cash  check  credit/debit

\$ \_\_\_\_\_ Date: \_\_\_\_\_ Remaining Fee: \$ \_\_\_\_\_ cash  check  credit/debit

\$\_ \_\_\_\_\_ Date: \_\_\_\_\_ Remaining Fee: \$ \_\_\_\_\_ cash  check  credit/debit

§ \_\_\_\_\_ Date: \_\_\_\_\_ Remaining Fee: \$ \_\_\_\_\_ cash  check  credit/debit

\$ \_\_\_\_\_ Date: \_\_\_\_\_ Remaining Fee: \$ \_\_\_\_\_ cash\_\_ check\_\_ credit/debit\_\_

## **MEETING HOUSE REFUND INFORMATION**

The Meeting House has been inspected, and the deposit may be refunded.

The Meeting House has been inspected and the conditions agreed upon have not been met. The deposit may not be refunded. Listed below are the conditions found after the event.

Condition: \_\_\_\_\_

Condition:

Event date: \_\_\_\_\_ Signature of Visitors Center Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Name for Check to be made out to:

**Full Mailing Address for Refund:**

*Account # for Deposit Refund:*