

CHEROKEE COUNTY HISTORICAL SOCIETY
Crescent Farm Historical Center (Rock Barn)

APPLICATION FOR USE

Today's Date: _____

Name of Member (Individual, Business or Organization) _____

Person(s) Responsible (If Business or Organization) _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Purpose of Function: _____

Date of Function: _____

Number of Attendees (Including Host, Seating Capacity-180/Fire Marshall Code-180): _____

Time of Use: (Begin) _____ (End) _____

(Listed times include actual set-up/break down time. You must be ready to exit the building by midnight.)

Alcoholic Beverages Served? _____ Stereo Use Required? _____

I have read the rules and regulations for using the facility and fully accept the terms of this agreement and agree to abide by them and be financially responsible for any damage to furnishings, equipment or the facility by anyone associated by this use.

Signature

Date

Office Use Only

Membership \$ _____

Administration (\$50.00 non refundable) \$ _____

Rental Fee \$ _____

Stereo Use/Other \$ _____

Cleaning/Damage Deposit \$ _____

Refund \$ _____

*Please return with payment to CCHS, PO Box 1287, Canton, GA 30169 or fax to 770.345.3289.
To use your MC/Visa call 770.345.3288*