

BUSINESS RENTAL APPLICATION

MARION GERRISH COMMUNITY CENTER (MGCC)

39 W. BROADWAY, DERRY, NH 03038

TEL. 603-434-8866 FAX 603-432-5760 EMAIL: MGCC.DERRY@GMAIL.COM WWW.MGCCDERRYNH.ORG

January – December 2026

What is the name of the business renting? _____

Reason for rental (business meeting, staff gathering, etc.): _____

How many attending? _____ How did you learn about our rooms? _____

Pricing & Information:

- Regular hours are Monday – Friday, 8:00 a.m. to 9:45 p.m. and Saturday 8:00 a.m. to 4:45 p.m.
- All rooms, except room 1, are \$20 per hour. Room One (includes full kitchen) is \$30 per hour.
- We accept cash or checks (made to Marion Gerrish Community Center), no credit/debit cards.
- Rental time **INCLUDES** the setup and clean up time (**estimate 15-30 minutes** to clean room).
- **Room rental fee must be paid two weeks prior to rental.**
- We have SMART TVs, DVD players & a computer-compatible projector available to sign out.
- No DJ's however, music is allowed if it is kept to a reasonable level.
- I have read & agree to the MGCC Business Rental Rules & Room Use Policy (separate sheet). _____ Initial
- By signing you agree, on behalf of everyone at your rental, to hold the MCGG harmless. _____ Initial
- By signing you agree to inform everyone at your rental of our rules. _____ Initial
- We do not allow ANY tobacco products NOR alcohol on our premises. _____ Initial
- Rented room must be returned to original state & cleaned at the end of rental. _____ Initial
- Birthday candles and sterno for chafing dishes are the only flames allowed in building. _____ Initial
- The Center may cancel your reservation, without notice, due to weather, COVID19 or other _____ Initial
(We will contact you via the provided info and announce on WMUR, News 9, if the Center is closed.)
- If you, or anyone at your rental, violates our rules and are asked to leave the building, the rental fee will not be refunded. _____ Initial

Room No: _____ Date: _____ Times: _____

Room Rental Fee (\$20/\$30 per hour): \$ _____

Contact Person: _____

Address: _____ City, State, Zip: _____

Phone number(s): _____ E-Mail: _____

I (we) have read and agree to abide by the MGCC Business Rental Rules & Room Use Policy (attached)
In addition, all members of our group agree to hold the MGCC harmless for any injuries/illnesses sustained while on our property.

Signature of person renting room & date

*****FOR OFFICE USE ONLY*****

Received Total Rental Fee of \$ _____ on _____ by _____