

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

Who is the rental for (this will be on the reader board)? _____

Reason for rental (Birthday, Baby Shower, Party, 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 9:00 a.m. to 4:45 p.m.
- Room One (includes full kitchen) is **\$120 for four (4) hours** and \$30 for each additional hour.
- All other rooms are **\$80 for four (4) hours** and \$20 for each additional hour.
- Rental time **INCLUDES** the set up and clean up time (estimate at least 30 minutes to clean).
- We accept cash or checks (made to Marion Gerrish Community Center), no credit/debit cards.
- A **\$50 security deposit via cash or check** is required at the time of reservation.

Cash deposits must be picked up IN PERSON. Checks will be mailed back to the customer.

- **Room rental fee must be paid two weeks prior to event.**
- We require two-week notice of cancellation for a refund.
- 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 Rental Rules & Room Use Policy (separate sheet). _____ Initial
- By signing you agree, on behalf of everyone at your rental, to hold the MGCC harmless _____ Initial
- By signing you agree to inform everyone at your rental of our rules. _____ Initial
- WE DO NOT ALLOW **ANY** TOBACCO products (including e-cigarettes) _____ Initial
- **TELL YOUR GUESTS NO ALCOHOL ON OUR PREMISES.** _____ Initial
- Room must be returned to original state to receive security deposit back. _____ Initial
- Cash deposits not picked up **within 30 days of rental** will be considered a donation. _____ Initial
- Birthday candles and sterno for chafing dishes are the only flames allowed in building. _____ Initial
- We reserve the right to cancel reservations. _____ Initial

(We will contact you via the provided info & 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 & security deposit won't be refunded. _____ Initial

Room No: _____ Date: _____ Times: _____

Room Rental Fee(\$80/\$120) \$ _____ Addt'l hours fee (\$20/30 p/hr) \$ _____

Contact Person: _____

Address: _____ City, State, Zip: _____

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

I (we) have read and agree to abide by the MGCC 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 Security Deposit of \$ _____ on _____ by _____

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

RETURNED Security Deposit of \$ _____ on _____ by _____