

OFFICE OF THE COUNTY ADMINISTRATOR

1 Public Square, Room 210
www.darcosc.com

Darlington, South Carolina 29532

843-398-4100
FAX 843-393-8539



Application For Reservation Of Darlington County Owned Facility Society Hill Neighborhood Center, 223 Hall Street, Society Hill, SC 29593

Please complete this application a **minimum of two (2) weeks** prior to the proposed event. Submit application and payment to the County Administrator's Office, Courthouse Room 210, Darlington.

Today's Date: _____

Building Requested: Society Hill Neighborhood Center

Kitchen: Yes

No

Date Requested: _____

Beginning/Ending Time: _____

(Not available after 9 pm)

Type of Event: _____

Name of Organization/Individual: _____

Will Admission Be Charged? Yes ___ No ___ Proceeds To Be Used For: _____

Name, Address & Telephone Number of Applicant:

Name: _____

Address: _____

Phone #: (Home) _____ (Mobile) _____ (Other) _____

I agree to personally assume the responsibility for all charges, liability and to insure enforcement of all rules governing the care and use of the **Society Hill Neighborhood Center**.

FEE SCHEDULE (Fees Must Be Paid In Advance)

Banquet Room: \$150 per day

Kitchen Area/Equipment: \$100 per day

Clean-up Fee: \$50 (refundable if sufficient clean-up is done)

Signature of Applicant _____

Make checks payable to **Darlington County Treasurer. ***NO** Reservation will be made until application and payment have been received. ***NO Alcoholic Beverages** allowed on premises. *This facility is available for use from 9 a.m. to 9 p.m. *Facility is to be left in the same condition in which it was found in order to receive refund of Clean-up Fee, which will be mailed to address on file following building inspection. All clean-up fee refunds should be requested at the County Administrator's Office following event. *This form **MUST** be on the premises at all times *This facility seats approximately 200 people. For **BANQUET ROOM & KITCHEN AREA ONLY**. For assistance, call **Andrew Smith** at 843-616-1990.*

County Use

Total Fee Paid: _____ Approved Disapproved _____

Name/Title

Date