



278 Meroney Street  
Mocksville, NC 27028  
Phone: 336-753-6230  
Fax: 336-753-1087

*"NC certified Senior Center of Excellence"*

### Reservation Form

\_\_\_\_\_  
Date of Reservation  
(may be no more than 3 months in advance of use)

\_\_\_\_\_  
Date of use

\_\_\_\_\_  
Time of use  
(4 hour block)

Contact Person: \_\_\_\_\_

Group (if applicable): \_\_\_\_\_

Event: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person's Telephone Number: Home \_\_\_\_\_  
Work \_\_\_\_\_  
Mobile \_\_\_\_\_

Kitchen needed: Yes No  
(Absolutely no cooking allowed)

Sound system needed: Yes No

Amount of Fee : \_\_\_\_\_ Date Paid: \_\_\_\_\_

I have read and agree to abide by all policies and procedures regarding rental of Davie County Senior Services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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*To be completed by staff after building rental:*

Building left clean: Yes No If no, date fee was paid: \_\_\_\_\_

All chairs/table arranged properly: Yes No If no, date fee was paid: \_\_\_\_\_