



Charles R. Drew Wellness Center
2101 Walker Solomon Way
Columbia, SC 29204
803.545.3200

FACILITY RENTAL APPLICATION

Reservation Date Requested _____ Hours Requested: Beginning: _____ End: _____

Area Requested for Rent _____

Type of Activity _____ Estimated Attendance _____

Applicant Name _____

Address _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Group or Organization _____ Email _____

Setup Required _____ Will your party need access to the kitchen? _____

RESERVATION AGREEMENTS

- Person(s) must be 21 years or older to rent the facility; all reservations require adult (21 older) supervision.
- Facility must be closed and vacated 15 minutes prior to closing.
- Staff will be on duty to open and close the facility.
- Reservation must be paid in full to reserve a room.
- All reservations are non-refundable.
- Failure to arrive at the rental facility on time may result in cancellation of the reservation and forfeiture of all fees.
- \$150 fee for a four (4) hour block of time. Any additional time needed will be \$50/hr.
- Any additional items needed or brought into the facility will need to be approved. (May be an additional fee)
- An additional fee must be paid per guest to utilize any other part of facility (pool, fitness area, gymnasium).
- For users of the pool, proper swim attire is **REQUIRED**. Anyone under the age of 6 a parent/adult must accompany each child. **ABSOLUTELY NO FLOTATION DEVICES**

I HAVE READ THE ABOVE AND AGREE TO ADHERE TO ALL RESERVATION RULES.

Applicant Signature _____ Application Date: _____

Drew Staff Approval Signature _____ Approval Date: _____