



Forsyth County Senior Services

Rentals Event Order

Primary Contact: _____

Phone: _____ Email: _____

Address: _____

Secondary Contact: _____

Phone: _____ Email: _____

Date Requested: _____ **Time Requested:** _____

Facility Requested: _____

Event Type: _____ Event Name: _____

Organization Name: _____ Est. # of Attendees: _____

**Rentals are not reserved until a meeting has taken place and fees have been paid.
Please return this form to rentals@forsythco.com or Sexton Hall front desk.**

STAFF ONLY			
Items/Rooms	Rate	Hours/ Time	Total
Other			
A/V Package			
Kitchen			
Cleaning Fee			

FCSS Staff: _____

Renter: _____

Total Rental
Fees:
Damage
Deposit:
Total Due:

Payment Due Date: _____ Date Paid: _____