

Today's Date: _____

Event Date(s): _____ Event Hours: _____
(includes set up and clean up time)

Name of Renter (ind. or org.): _____

Address: _____

City/State/Zip _____

Phone: _____ Cell: _____

Contact Person: _____

Contact e-mail address: _____

Contact phone: _____ Cell: _____

Facility User Name (ind. or org.): _____

Purpose of event: _____

Number of guests expected: _____ Wine and/or beer will be served: (Y/N) _____

A security deposit of \$ _____ is due for your event.
The building will be inspected immediately after your event and the deposit refunded within 7 business days.
Any repairs or additional cleaning required to restore the facility to pre-event levels will be deducted and explained and/or any time beyond the agreed upon time deducted on an hourly basis.

The following portions of the building will be utilized for this event:

- Common Room/Café area (17 bistro tables and 80 chairs included) \$ _____
- Kitchen, minimum usage--ice, refrigerator, sink, counter tops, coffeemaker \$ _____
- Kitchen, full usage—see fee chart \$ _____
- Gymnasium \$ _____ for event space (includes tables and chairs for up to 150);
\$ _____ for gym space
- Other _____

Caterer Information: (if applicable)

Caterer Name: _____

Caterer Contact _____ Phone: _____

Insurance Carrier: _____ (Copy of Ins required for file.)

Do you expect to "cook" on site? (Y/N) Explain: _____

Additional fee-based services:

- Supply additional tables and chairs ____ chairs @ \$.50
 _____ round tables @\$3.00 _____ oblong tables @ \$3.00
- Sound system, hookup only, \$_____ per event; Full use & operator \$_____ (__ hr)
- Video System, hookup only, \$_____ per event; Full use & operator \$_____ (__ hr)
- Security, required when beer/wine is served, \$_____/hr, per guard @ ____ hrs., x ____ = \$_____
- Facility bartender when no caterer & wine/beer approved: \$20 @ ____ hr x ____ = \$_____
- After event cleaning, optional, \$_____, based on space usage indicated
- Receipt or storage of event equipment before or after rental hours, \$_____
- Dance Floor rental, size: _____, Rate \$_____ (facility will arrange rental)
 Delivery: _____, Pickup _____
- Additional hours , _____ # of hrs. @ _____ (defined by client if beyond a paid block time)
- Other:

Refundable Deposit on use of facility: <small>(see building policies regarding refund)</small>	\$ _____
Total rental fee based on usage and time: <small>(see fee schedule)</small>	\$ _____
Total add-on services indicated above:	\$ _____
Required for confirmation, due by _____ <small>(10 days from date of agreement above—deposit)</small>	\$ _____
Final balance due by _____ <small>(5 business days prior to event date above— rental fee and all add ons)</small>	\$ _____
Signature Renting Agent: _____ Signature Renter: _____	
<small>Payable to: St. Luke Community Christian Center. Please make your deposit check separate from other fees. If you are a non-profit please provide a copy of your Tax Exempt ID</small>	

Terms and Conditions:

Renter has read and signed the building policies statement: _____

Renter has reviewed and understands the fee schedule: _____

Renter has read and signed the terms and conditions statement: _____

Any item(s) not listed may be amended to this agreement. Additional charges and fees may apply. Amendments are due prior to final payment.

Renting Agent for The CCC: _____ Date _____

Renter Signature: _____ Date _____

