

Creative Arts Center Rental Information

Date Reserved: _____ From (a.m./p.m.) Until: (a.m./p.m.)
(INCLUDE SET UP AND CLEAN UP TIME)

Lessee Name:

Address:

Email:

Telephone Number: (Home) (Office/Cell)

Emergency Contact Name Number

Type of Event:

Catered/full meal/light refreshments

Area Rented:

(check all that apply)

Front Gallery

Middle Gallery

Bridge Room

Garden

Board Room

Kitchen

Rental _____ hrs. @ \$_____per hour Subtotal: \$

Additional Items Needed:

	<u>Number</u>	<u>Cost</u>		<u>Number</u>
Dinnerware		\$5.00 place setting	\$	Round Tables (N/C)
Round Tablecloths		\$5.00 each	\$	Rectangle Tables (N/C)
Rectangle Tablecloths		\$5.00 each	\$	Sm.Rectangle Table(N/C)
SquareTablecloths		\$5.00 each	\$	Square Tables (N/C)
Napkins		\$2.00 each	\$	Chairs (N/C)
Sound/Lighting System		\$125.00/hr	\$	Punchbowl/ladle (N/C)
8% Labor Tax (if applicable)			\$	Coffee Maker (NC)
		Subtotal:	\$	

TOTAL CHARGES:

Rental Fee	\$
Additional Items	\$
TOTAL	\$
Less 50% Deposit	\$
Stage lighting/sound deposit (\$300.00)	\$
Cleaning Deposit (\$100.00)	\$
Security Deposit (\$200.00)	\$
Police Officer (security)	\$
BALANCE (due 72 hours prior to event)	\$

Lessee Signature

Date

Creative Arts Center Staff signature

Date

CAC Staff on Duty:

Telephone

Emergency CAC Contact:

Barbara Reeves (903) 870-8285 Judy Hall (903) 583-7977; (903) 583-0222
 Bob Self (214) 202-3243

Return of Security & Cleaning Deposits:

Amount:

Date Refu

Deposit Refund Received: _____

(please initial)