



OFFICE USE ONLY

Paid with: Check or Cash or Credit

Date Received: _____

Amount Paid:

| | |
|--|----------|
| Rental Rate: (4 Hours): \$75 | \$ _____ |
| Additional hours: \$25/hr _____ hours x \$25 | \$ _____ |
| Additional Tables: \$10 per table _____ x \$10 | \$ _____ |
| Additional Chairs: \$10 for 10 chairs _____ x \$10 | \$ _____ |
| *TOTAL FEE | \$ _____ |
| Damage Deposit: \$25 | \$ _____ |
| TOTAL RENTAL FEE INCLUDING DAMAGE DEPOSIT | \$ _____ |

Date Key Picked Up: _____ Date Key Returned: _____

Date Damage Deposit Returned: _____

Comments:

Application Processed By: _____