



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: _____