FACILITY USE AGREEMENT

[Recital or Meeting semi-private hourly contract]

Event Date: _____ Event Title: _____

Event Type: **[]** Recital/Performance **[]** Lecture **[]** Business Meeting

Contract Start Time: _____ Contract End Time: _____ Estimated Attendance: _____

Rentee Name:_____

_____

Address: (include apartment or building number if applicable) City State Zip

(_____)_____ (_____)_____ _____

Home Phone Cell Phone Email (SMA does not rent or exchange email addresses)

_____ (_____) _____

Secondary Contact Name Cell Phone

By signing this contract, I understand and agree that myself and all guests, volunteers, and vendors involved with this event will abide by the parameters of this contract and the *Facility Use Information & Policies*. My deposit payment is enclosed.

_____ _____

Signature Date

For office use only **AREA(S): []** Grand Gallery **[]** Atrium **[]** Stewart Sculpture Garden **[]** East Gallery **[]** Swanson Gallery **[]** Underground Gallery **[]** Food Staging Area

Class II (Springville Resident/Business Discount)

[] $300 deposit/gallery, # of galleries _____ x $300 = $_____
[] $90 for initial 1.5 hours per gallery, # of galleries _____ x $90 = $_____
[] $60 for additional hour(s) per gallery, # of hours _____ # of galleries _____ = $_____
[] $50 Food fee per gallery, # of galleries _____ x $0= $_____

Class III

[] $300 deposit/gallery, # of galleries _____ x $300 = $_____
[] $120 for initial 1.5 hours per gallery, # of galleries _____ x $120 = $_____
[] $75 for additional hour(s) per gallery, # of hours _____ # of galleries _____ = $_____
[] $50 Food fee per gallery, # of galleries _____ x $20= $_____

Additional Fees and Penalties:

[] $60 Specialty set-up or mid-event set-up change _____set-ups (____galleries) x $60=$_____
[] $40 Use of upright or grand piano [select locations] $ _____
[] **$**75 Specialty Audio/Visual use $_____
[] $100 Late removal of equipment and/or décor $_____
[] $200/hr. Time outside of contracted usage ____ hours = $_____
[] $40 Photography Fee $ _____

Total Fees: $_____
(tax included)

Deposit (**[]** completed contract on file)
Date paid_____
Amount paid $_____
Receipt:_ _____
[] cc [] cash [] ck. #_____
CC type:_____
& last 4 digits:_____

Facility Use Fee
Date due_____
Date paid _____
Amount $ _____
Receipt: _____

Facility Use Map(s)
Date due_____
Date approved _____

Refund
Date paid_____
Amount $_____
Approved by_____
Receipt:_____
CC type:_____
& last 4 digits:_____