

Hall Address  
11221 Johnson Dr.  
Shawnee, KS 66203

Shawnee Home Association  
Hall Rental Agreement  
Tel. 913-631-9842 <http://kofc2332.org/>

Mailing Address  
P.O. Box 3115  
Shawnee, KS 66203

Name of Renter \_\_\_\_\_ Street Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ City - State - Zip \_\_\_\_\_  
Date of Rental \_\_\_\_\_ email \_\_\_\_\_  
Event Time From: \_\_\_\_\_ To: \_\_\_\_\_ Additional Setup Time From: \_\_\_\_\_ To: \_\_\_\_\_  
Description of event (i.e. wedding reception, dance, etc): \_\_\_\_\_  
Is this a corporate or for profit event: Yes No SHA Approval \_\_\_\_\_  
Description of outside tables or chairs: \_\_\_\_\_  
Number of Guests: \_\_\_\_\_ Beer or alcohol to be consumed (circle): Yes No  
Is Security Guard required (circle): Yes No (Contact Shawnee Police @ 913-742-6878 - renter's expense)

**Summary of Rental Fees**

Friday/Saturday	\$110 per hour for 1st five (5) hours (5 hr. minimum rental -- Setup and clean-up must be completed during rental time or during additional hours)	\$75 per hour for each additional hr. Additional Hrs. Req. _____ \$ _____
Sunday/Thursday	\$90 per hour for 1st two (2) hours -- Setup and clean-up must be completed during rental time or during additional hours)	\$75 per hour for each additional hr. Additional Hrs. Req. _____ \$ _____
Audio/Visual Equipment		\$30 \$ _____
<b>Total Rental Fee</b>		<b>\$ _____</b>

<b>Damage/Security Deposit</b>	<b>Due at signing (returned by check within 2 weeks after passing hall inspection)</b>	<b>\$ 200</b>
<b>Total Rental Fee (50% of Total Rental Fee) plus Damage/Security Deposit due at signing to reserve hall</b>		<b>\$ _____</b>
<b>Balance 50% Rental Fees due two (2) weeks before event --- Date of final payment is:</b>		<b>\$ _____</b>

I HAVE READ AND AGREE TO THE RULES AND REGULATIONS AS OUTLINED IN THE ATTACHED HALL RENTAL RULES AND I AGREE TO PAY THE FEES AND DEPOSITS AS DESCRIBED ABOVE.

Signature of Renter \_\_\_\_\_ Printed Name of Renter \_\_\_\_\_ Date \_\_\_\_\_  
Signature of SHA Representative \_\_\_\_\_ Printed Name of SHA Representative \_\_\_\_\_ Date \_\_\_\_\_

After event inspection Acceptable Non-Acceptable Comments \_\_\_\_\_

Approval of Full Deposit Refund Yes No SHA Representative Signature \_\_\_\_\_

Any changes to this agreement must be discussed with and approved in writing by the Hall Rental Coordinator.