

Event Date: _____ Event Title: _____

Event Type: Recital/Performance Small Reception Ceremony Reunion Lecture Conference Party Luncheon

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): Atrium Stewart Sculpture Garden Food Staging Area Grand Gallery East Gallery
 Swanson Gallery Underground Gallery

Class II (Springville Resident/Business Discount)

- \$100 deposit/gallery, # of galleries _____ x \$100 = \$ _____
- \$70 for initial 1.5 hours per gallery, # of galleries _____ x \$70 = \$ _____
- \$40 for additional hour(s) per gallery, # of hours _____ # of galleries _____ = \$ _____
- \$20 Food fee per gallery, # of galleries _____ x \$20= \$ _____

Class III

- \$100 deposit/gallery, # of galleries _____ x \$100 = \$ _____
- \$90 for initial 1.5 hours per gallery, # of galleries _____ x \$90 = \$ _____
- \$60 for additional hour(s) per gallery, # of hours _____ # of galleries _____ = \$ _____
- \$20 Food fee per gallery, # of galleries _____ x \$20= \$ _____

Additional Fees and Penalties:

- \$35 Photography Fee
- \$60 Specialty set-up or mid-event set-up change _____ set-ups (_____ galleries) x \$60=\$ _____
- \$25 Use of upright or grand piano [select locations] \$ _____
- \$70 Specialty Audio/Visual use \$ _____
- \$100 Late removal of equipment and/or décor \$ _____
- \$200/hr. Time outside of contracted usage _____ hours = \$ _____

Total Fees: \$ _____
(tax included)

Deposit (<input type="checkbox"/> completed contract on file)	Facility Use Fee	Facility Use Map(s)	Refund
Date paid _____	Date due _____	Date due _____	Date paid _____
Amount paid \$ _____	Date paid _____	Date approved _____	Amount \$ _____
Receipt # _____	Amount \$ _____		Approved by _____
<input type="checkbox"/> cc <input type="checkbox"/> cash <input type="checkbox"/> ck. # _____	Receipt # _____		