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): [] Main Level [] Stewart Sculpture Garden [] Food Staging Area [] Upper Level [] Grand Gallery [] East Gallery [] Swanson Gallery [] Underground Gallery

MAIN or UPPER LEVEL

Class II
[ ] $300 refundable deposit
[ ] $1,025 for initial 6.5 hour block/weekday
[ ] $1,225 for initial 6.5 hour block/weekend
[ ] $115/hr for additional hour(s) $_____

Class III
[ ] $300 refundable deposit
[ ] $1,235 for initial 6.5 hour block/weekday
[ ] $1,435 for initial 6.5 hour block/weekend
[ ] $130/hr for additional hour(s) $_____

STEWART SCULPTURE GARDEN

Class II
[ ] $300 refundable deposit
[ ] $905 for initial 6.5 hour block/weekday
[ ] $1,005 for initial 6.5 hour block/weekend
[ ] $105/hr for additional hour(s) $_____

Class III
[ ] $300 refundable deposit
[ ] $1,095 for initial 6.5 hour block/weekday
[ ] $1,195 for initial 6.5 hour block/weekend
[ ] $125/hr for additional hour(s) $_____

Additional Gallery

Class II
[ ] $100 refundable deposit
[ ] $110 for initial hour/gallery
[ ] $50/hr for additional hours/gallery $_____

Class III
[ ] $100 refundable deposit
[ ] $145 for initial hour/gallery
[ ] $70 for additional hours/gallery $_____

Additional Fees and Penalties:
[ ] $20 Food fee per additional gallery ___ galleries x $20=$_____
[ ] $40 Specialty set-up or mid-event set-up change ___ set-ups (___ galleries) x $40=$_____
[ ] $25 Use of upright or grand piano [select locations] $_____
[ ] $100 Late removal of equipment and/or décor $_____
[ ] $200/hr Time outside of contracted usage ___ hours=$_____

Total Fees: $__________

Deposit ([ ] completed contract on file)
Date paid__________________ Amount paid $__________________ Receipt #__________________ cc [] cash [] ck#

Facility Use Fee
Date due__________________ Date paid__________________ Amount $__________________ Receipt #__________________

Facility Use Map(s)
Date due__________________ Date approved__________________

Refund
Date paid__________________ Amount $__________________ Approved by__________________