

SPRINGVILLE MUSEUM OF ART

FACILITY USE AGREEMENT [semi private-open hour contract]

Event Date: _____ Event Title: _____

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

Usage Start Time: _____ Usage 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

\$100 deposit/gallery, # of galleries _____ x \$100 = \$ _____
 \$50 for initial 1.5 hours per gallery, # of galleries _____ x \$50 = \$ _____
 \$20 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 = \$ _____
 \$70 for initial 1.5 hours per gallery, # of galleries _____ x \$70 = \$ _____
 \$30 for additional hour(s) per gallery, # of hours _____ # of galleries _____ = \$ _____
 \$20 Food fee per gallery, # of galleries _____ x \$20 = \$ _____

Additional Fees and Penalties:

\$40 Specialty set-up or mid-event set-up change _____ set-ups (_____ galleries) x \$40 = \$ _____
 \$25 Use of upright or grand piano [select locations] \$ _____
 \$69.50 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 (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 _____