

LADIES' LIBRARY ASSOCIATION
RENTAL AGREEMENT for SPECIFIC EVENT

Contact name: _____ Date of first contact: _____ Date of event: _____

Organization name (if applicable): _____

Tax ID# _____ Tax ID, insurance on file: _____

Street Address _____

City, state, zip: _____ Email: _____

Daytime phone: _____ Cell: _____

Type of event: _____

Number of guests expected: _____ Actual number of guests attended: _____

Event time: _____ Set-up time: _____ Expected ending time: _____ **NOTE: Must be by 10:00 pm**

Audiovisual assistance/equipment needed? Yes ___ No ___ AV coordinator notified? Date _____

Caterer: _____ Contact: _____

Areas desired: Library ___ Richmond Auditorium ___ Dressing Rooms ___

Other Information

Menu

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Hostess: _____ Table setters: _____

Cooks & servers _____

I have read the Guidelines and Rental Agreement before signing this document and agree to abide by the policies as stated.

Client Signature: _____ Date: _____

Person Sponsoring the Event (The Client)

Witnessed: _____ Date: _____

Ladies' Library Association Event Coordinator or Representative

Room diagram may be added in the space below: