

Dixon Veterans Building Association Rental Terms and Agreement

Renter:

Date Requested: _____		Time of Event: _____	
Type of event: _____			
Admission Fee	YES ___	NO ___	
Bar Requested	YES ___	NO ___	(no alcohol will be served)
If Yes – Bartender will be requested)			
Renter Information			
Renter's Name	_____		
Telephone #	() ---		
Organization (if any)	_____		
Full address	_____		
CDL#(Or legal Id)	_____		

Renter has received a copy of the rental Policies/Rules and agrees to them

Renter Initial: _____

FEE LISTING:	Non Member	Member**	Non Profit w/Sponsor
		<small>** Organization Approved</small>	
Building Rental	\$500.00	\$350 / \$200	\$200.00
Cleaning Deposit	\$200.00	\$200.00	\$200.00
Kitchen YES/NO	\$100.00	\$100.00	\$100.00
Security	\$100.00	\$100.00	\$100.00
Bartender (2 hr minimum)	\$100.00	\$100.00	\$100.00
Total Due:	\$ _____	\$ _____	\$ _____
Renter Initials: _____	Mgr Initials _____		

**** Member must be Organization Approved**

I have read and fully understand and agree to the conditions and terms pertaining to the rental of the Veterans Memorial Hall.

Signature of Renter: _____ Date: _____

Manager Use only

1) Total Due (Same as above)	\$ _____	
2) Deposit to hold date	\$ _____	Mgr Signature: _____
3) Balance Due –day of event	\$ _____	Date: _____
4) Insurance Policy Received	_____	
5) Police Permit Received	_____	
Finance Officer:		
Deposit Returned	YES / NO	Date:
If NO state reason: _____		
