



**Paul E. Walker
Founders Room
RENTAL AGREEMENT**

COMPANY/INDIVIDUAL NAME _____
CONTACT NAME _____
ADDRESS _____

HOME PHONE _____
OFFICE PHONE _____ CELL PHONE _____
EMAIL ADDRESS _____
OTHER RESPONSIBLE PARTY _____
DATE OF EVENT _____
HOURS OF EVENT: Begins: _____ Ends: _____
NUMBER OF GUESTS _____
TYPE OF EVENT: Wedding _____ Rehearsal Dinner _____ Party _____
Class Reunion _____ Meeting _____ Other _____
CATERER NAME _____ CATERER PHONE _____
***SPECIAL SET-UP REQUESTS** _____

RENTAL FEE _____
BOOKING DEPOSIT _____ **Non-refundable**
MISC. FEES _____
BALANCE DUE _____

SECURITY DEPOSIT _____

I have read, understand, and agree to the list of policies and obligations that must be followed when using the Founders Room. **I have initialed the *Deposit and Indemnification* page.** I understand that all deposits and balances owed to the River Discovery Center must be paid at least two days prior to occupying the facility **or** use of the facility will be forfeited.

Client's Signature _____ Date _____

River Discovery Center _____ Date _____

***Must be filled out in detail/use back if necessary**