



VFW Post 5290 Conyers, GA 30012

RENTAL AGREEMENT

RENTER INFORMATION:

DATE: _____

Full Name: _____ Phone: _____

Address: _____ City: _____ ST: ____ Zip: _____

Email Addr: _____

EVENT INFORMATION:

Type of Event: _____ No. of Guests: _____

Date Req'd: _____ Start Time: ____ am/pm End Time: ____ am/pm

****Note:** If you are planning outside events, please discuss your power and water needs with us before you reserve facilities.

FACILITY INFORMATION: (*=All Day Only)

| | <u>Price</u> | <u>CleanFee</u> | <u>Total</u> |
|---|--------------|-----------------|--------------|
| <input type="checkbox"/> Auxiliary Room (50' x 40'; 310 cap.) | \$ 500 | \$ 100 | \$ 600 |
| <input type="checkbox"/> Main Hall (70' x 50'; 420 cap.) | \$ 900 | \$ 150 | \$1,050 |
| <input type="checkbox"/> Lakeside Left (BBQ Grill)* | \$ 2,000 | \$ 150 | \$ 2,150 |
| <input type="checkbox"/> Lakeside Right (BBQ Bldg)* | \$ 2,500 | \$ 200 | \$ 2,700 |

❖ Total Rental Cost: \$ _____

CREDIT CARD AUTHORIZATION:

Type: _____ Card#: _____ Exp Date: ____/____ CVV: ____

Acting on behalf of all event participants, I declare I am solely responsible for the conduct and behavior of all participants during the event identified above. Additionally, I understand the health risks involved with the COVID-19 virus and will not hold the VFW responsible for any subsequent illness.

I have read, understand, and agree to all rental and authorization terms and conditions of VFW Post 5290, Conyers, GA 30012.

Renter's Signature: _____ Date: _____

VFW Authorized Signature: _____ Date: _____

