

Manchester Grange #676 PO Box 164 Manchester, CA 95459

## **Hall Rental Fee 2024** \$350.00 per day (or per event)

## **Rental Agreement for Manchester Grange**

Renter's Full Name (Responsible	e Party must sign this form)
enter's Mailing Address:,Zip	
enter's Mailing Address:, Zip enter's Email Address: Renter's best phone number ()	
Name of Event Insurance Comp	any: Insurance
Name of Person(s) on Event Ins	urance Policy:
Policy Number:	
Date of Event:	Type of Event:
Approximate number of people	<u></u>
Date of Event Set-up	Start Time/Key pick-up End Time of Event
	Time of Key Return
Is Alcohol being served at your	event? Y or N
	ent? Y or N If yes, ABC Liquor License #
Grill or Fire being used outside	Y or N Music? Y or N
ESTIMATED Security Guard Cha	rge (based on the planned hours of your event) \$25.00 Xhrs = \$
	at \$25.00 per hour is required for all events that are serving alcohol and is to be paid as an
	<u>it.</u> If the event goes longer than is provided in the estimate, your credit card will be charged for the fyour event and ending time is used to calculate this but would be adjusted afterward if it is
	ts and estimates are adjusted after the event and are returned to your credit card within 48 hours.
Please Circle one of the option	s below:
Refundable Cleaning D	eposit, NO Alcohol Event \$ 300.00 (Due Before Event)
Refundable Cleaning/I	Damage Deposit for Events serving Alcohol is \$500.00 (Due Before Event)
Total Rental Amount inc	luding estimate of Security and Deposit and Hall Rental Fee (due 5 days
(Refundable cleaning/damage	deposit is refunded within 48 hours of event, after the hall inspection)

	Blank document print date May 21, 2024
Signature Page	
I, (full name), h	nave read, initialed and signed the attached checklists.
weekend event at least three (3) weeks prior to the schedule	als upon submission of this form of any changes or cancellation of a ed event. Weekday events require seven (7) days notice in advance of after these specified ranges of dates, my deposit will be forfeited.
I certify that all of the information given on this form is true	and accurate to the best of my knowledge.
Signature of Responsible Party (Renter) Printed Name:	
Signature of Hall Rental Manager for this event:	Date:
This section below for use by Grange Hall Renta	al Manager
Repor	t to Treasurer
Event Number: (Event number format Treasurer if not known by Hall Rental Manager	t is Year-sequential number, IE: 2024-001) This may be filled in by
Event Date	
Security Hours	
Actual Security hours are from arrival of volunteer to the eve	ent-
Check in time of Securityam/pm Total Hours Worked (round up or round down in 15-minute in	Check out timeam/pm increments)hrs X 25.00 per hour =\$
Amount of Security Deposit <b>refunded</b> to Renter (Estimated S <b>OR</b>	Security Costs - Actual Security Costs)
Amount of Security Costs exceeding estimated security depo	sit \$ Charge to Credit Card? YES or NO
Cleaning occurring by Grange Hall Volunteers is calculated so over time.	o that we may be able to understand our real custodial requirements
Custodial Hours worked by Volunteers after event	Total Hours

Custodial Hours calculated at \$25.00 per hour—Total Custodial Costs: \$\_\_\_\_\_

Submitted to Treasurer by (initials) \_\_\_\_\_ Date of Submission\_\_\_\_\_

Any other damage, charges or notes and any other calculations affecting this transaction, please explain below:

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