



# Method of Payment

## Picnic Shelter

Renter Name: \_\_\_\_\_ Date of Event: \_\_\_\_\_  
Type of Function: \_\_\_\_\_ # of Attend: \_\_\_\_\_ Event Start/End Times: \_\_\_\_\_

***All fees must be PAID IN FULL 30 days before event***

***No music is allowed past 6pm***

*\* Rental includes 32 picnic tables, electrical outlets, restrooms, playground, and ample parking*

<b>*Picnic Shelter</b> (up to 8 hours) <b>Rental Period</b> (between 10am-8pm)		\$250.00	
<b>*Picnic Shelter &amp; Kitchen</b> (up to 6 hours) <b>Rental Period</b> (between 10am-8pm)		\$400.00	
Decorating & Set Up	# of Hours x	\$100.00	
Post-Event Cleaning & Tear Down	# of Hours x	\$100.00	
Extra Hour (9am -8pm)	# of Hours x	\$100.00	
Long Banquet Table (8ft) <b>MAXIMUM of 2</b>	# of Tables x	\$15.00	
<b>Sub Total</b>			
<b>* If Renter cancels the event, the deposit is not returned.</b>			
Refundable Security Deposit			<b>\$200.00</b>
Non-refundable Cleaning Fee			<b>\$150.00</b>
<b>Grand Total</b>			

Make checks payable to: **OSDAA**

*Renter agrees to compensate for all rental fees as defined by this payment sheet in accordance with the Ohio School for the Deaf Alumni Association to reserve the Community Center facilities.*

**Renter** Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Ohio School for the Deaf Alumni Association**

\_\_\_\_\_  
*Approval By/Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*