



Method of Payment

Multi-Purpose Room CCH II

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

** Rental includes 150-person maximum capacity, 24 octagon tables, 144 chairs, coat room, restrooms
kitchenette (refrigerator, microwave, & sink), platform (dimensions), lectern, and ample parking*

| | | | | |
|--|--|--------------|-----------------------------|-----------------|
| *Monday-Thursday (up to 4 hours) Rental Period (between 9am -11pm) | | | \$400.00 | |
| *Friday-Sunday (up to 4 hours) Rental Period (between 9am -11pm) | | | \$500.00 | |
| Relocation of Tables & Chairs | | | \$150.00 | |
| Decorating & Set Up | | # of Hours x | \$100.00 | |
| Post-Event Cleaning & Tear Down | | # of Hours x | \$100.00 | |
| Extra Hour (9am -11pm) | | # of Hours x | \$100.00 | |
| | | | Sub Total | |
| * If Renter cancels the event, the deposit is not returned. | | | Refundable Security Deposit | \$200.00 |
| | | | Non-refundable Cleaning Fee | \$150.00 |
| | | | Grand Total | |

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**