



# Method of Payment

## Exhibit Hall

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 ice machine, coat room, and ample parking, access to lobby area

* <b>Half Hall</b> (up to 8 hours) <b>Rental Period</b> (between 9am-12am)		\$1200.00	
* <b>Whole Hall</b> (up to 8 hours) <b>Rental Period</b> (between 9am-12am)		\$1600.00	
Decorating & Set Up	# of Hours x	\$125.00	
Post-Event Cleaning & Tear Down	# of Hours x	\$125.00	
Extra Hour (9am -12am)	# of Hours x	\$200.00	
Extra Hour (12am-2am) <b>MUST BE PRE-PAID</b>	# of Hours x	\$400.00	
Diameter Round Table (5ft)	# of Tables x	\$15.00	
Long Banquet Table (8ft)	# of Tables x	\$15.00	
Blue Padded Banquet Chairs	# of Chairs x	\$1.00	
Dressing/Changing Room (up to 3 rooms)	# of Rooms x	\$100.00	
39" Tall Black Cabaret Tables (set of 6)		\$100.00	
Kitchen/Concession Window		\$300.00	
"Hotbox" Food Warming Equipment		\$200.00	
Commercial Gas Stove/Oven		\$250.00	
Glass Room		\$150.00	
Projection Screen		\$50.00	
Platform (8x12x1)		\$100.00	
		<b>Sub Total</b>	
<b>* If Renter cancels the event, the deposit is not returned.</b>		Refundable Security Deposit	<b>\$750.00</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