



FACILITY USE AGREEMENT

[Wedding or Party semi-private hourly contract]

Event Date: _____ Event Title: _____

Event Type: Small Reception Ceremony Reunion Conference Party Luncheon

Contract Start Time (available 10:30-3:00): _____ Contract End Time: _____ Estimated Attendance: _____

Rentee Name: _____

Address: (include apartment or building number if applicable) _____ City _____ State _____ Zip _____

(_____) _____ (_____) _____
Home Phone Cell Phone Email (SMA does not rent or exchange email addresses)

Secondary Contact Name Cell Phone

By signing this contract, I understand and agree that myself and all guests, volunteers, and vendors involved with this event will abide by the parameters of this contract and the *Facility Use Information & Policies*. My deposit payment is enclosed.

Signature Date

For office use only **AREA(S):** Atrium Stewart Sculpture Garden Grand Gallery East Gallery
 Swanson Gallery Underground Gallery Food Staging Area

Class II (Springville Resident/Business Discount)

- \$300 deposit/gallery, # of galleries _____ x \$300 = \$ _____
- \$200 for initial 1.5 hours per gallery, # of galleries _____ x \$200 = \$ _____
- \$100 for additional hour(s) per gallery, # of hours _____ # of galleries _____ = \$ _____
- \$50 Food fee per gallery, # of galleries _____ x \$50= \$ _____

Class III

- \$300 deposit/gallery, # of galleries _____ x \$300 = \$ _____
- \$300 for initial 1.5 hours per gallery, # of galleries _____ x \$300 = \$ _____
- \$100 for additional hour(s) per gallery, # of hours _____ # of galleries _____ = \$ _____
- \$50 Food fee per gallery, # of galleries _____ x \$50= \$ _____

Additional Fees and Penalties:

- \$60 Specialty set-up or mid-event set-up change _____ set-ups (_____ galleries) x \$60=\$ _____
- \$40 Use of upright or grand piano [select locations] \$ _____
- \$75 Specialty Audio/Visual use \$ _____
- \$100 Late removal of equipment and/or décor \$ _____
- \$200/hr. Time outside of contracted usage _____ hours = \$ _____
- \$40 Photography Fee \$ _____

Total Fees: \$ _____
(tax included)

Deposit (completed contract on file)

Date paid _____
Amount paid \$ _____
Receipt # _____
 cc cash ck. # _____
CC type: _____
Last 4 digits: _____

Facility Use Fee

Date due _____
Date paid _____
Amount \$ _____
Receipt # _____

Facility Use Map(s)

Date due _____
Date approved _____

Refund

Date paid _____
Amount \$ _____
Approved by _____
CC type: _____
Last 4 digits: _____