

CCCC Table & Chair Reservation Form

Reservation Date: _____

CCCC Member: Yes / No

Approximate Pickup Date _____ Time _____

Approximate Return Date _____ Time _____

Today's Date: _____ Reservation Taken by: _____

<u>Contact Person</u>	<u>Company Name or Billing Address</u>
Name _____	Name _____
Address _____	Address _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____
Phone No. _____	Phone No. _____

Special Notes: _____

FEES: Tables – 6', \$5.00 each; 8', \$7.50 each Chairs - \$.50 each
(40- 6' Tables, 23-8' Tables, 250 Chairs Available For Rent)
These rates are for a 24-hour period or a day rental. Tables & Chairs must
Be returned within the 24-hour period or another day rental will be charged.

Total # of 6' Tables _____ X \$5.00 = \$ _____

Total # of 8' Tables _____ X \$7.50 = \$ _____

Total # of Chairs _____ X \$.50 = \$ _____

Total Fee \$ _____

Sales Tax Due \$ _____ (7%)

Total Amount Due \$ _____

Paid: Cash _____ **Check** _____ **Credit Card** _____ **Paid Date:** _____

Date Picked Up _____ **Time** _____ **CCCC Staff** _____

Return Date _____ **Time** _____ **CCCC Staff** _____

- ** Payment must be made to secure your reservation for the table & chairs. The renter may be billed if prior arrangements are made.
- ** A \$25 fee will be with charged if reservations are cancelled less than 24 hours before pick up time.
- ** If a pickup is to be held after normal operating hours, the pickup must be approved by the Director.
- ** Any damage will be billed to the renter for new cost replacement of the damaged merchandise.

I understand the policies and procedures of the Center, and will comply with these rules.

Staff Signature

Date

Renter's Signature

Date