

Event Date: _____ Event Title: _____

Event Type: Reception Ceremony Banquet Reunion Lecture Conference Performance Corporate Event Dance

Contract Start Time (usually 4:00pm): _____ Contract End Time (usually 10:30pm): _____ Est. 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)

Bride's/Groom's name (if applicable) _____ Bride's /Groom's name (if applicable) _____

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):** Main Level Stewart Sculpture Garden Food Staging Area Upper Level Grand Gallery
 East Gallery Swanson Gallery Underground Gallery

MAIN or UPPER LEVEL
Class II (Springville Resident Discount)
 \$500 refundable deposit
 \$1,500 for initial 6.5 hour block/weekday
 \$1,700 for initial 6.5 hour block/weekend
 \$150/hr. for additional hour(s) _____

STEWART SCULPTURE GARDEN
Class II (Springville Resident Discount)
 \$500 refundable deposit
 \$1,400 for initial 6.5 hour block/weekday
 \$1,600 for initial 6.5 hour block/weekend
 \$150/hr. for additional hour(s) _____

Additional Gallery
Class II (Springville Resident Discount)
 \$100 refundable deposit/gallery \$_____
 \$150 for initial hour/ gallery_____
 \$75/hr. for additional hours/gallery__

Class III
 \$500 refundable deposit
 \$1,700 for initial 6.5 hour block/weekday
 \$1,900 for initial 6.5 hour block/weekend
 \$150/hr. for additional hour(s) _____

Class III
 \$500 refundable deposit
 \$1,600 for initial 6.5 hour block/weekday
 \$1,800 for initial 6.5 hour block/weekend
 \$150/hr. for additional hour(s) _____

Class III
 \$100 refundable deposit/gallery_
 \$175 for initial hour/gallery
 \$100 for additional hours/gallery

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] \$_____
 \$100 late removal of equipment and/or décor \$_____
 \$200/hr. time outside of contracted usage #____hour(s)= \$_____

Total Fees: \$ _____

Deposit (<input type="checkbox"/> completed contract on file)	Facility Use Fee	Facility Use Map(s)	Refund
Date paid _____	Date due _____	Date due _____	Date paid _____
Amount paid: \$500 <input type="checkbox"/>	Date paid _____	Date approved _____	Amount \$ _____
Receipt # _____	Amount \$ _____		Approved by _____
<input type="checkbox"/> cc <input type="checkbox"/> cash <input type="checkbox"/> ck. # _____	Receipt # _____		Receipt: _____
CC type: _____			CC type: _____
& last 4 digits _____			& last 4 digits _____