

CERA

Special Events

RENTAL AGREEMENT

NAME: _____

EVENT DATE: _____

PHONE: _____

EVENT NAME: _____

EMAIL: _____

EVENT TIME: _____ to _____

GUEST COUNT: _____

CLIENT SETUP TIME: _____

CLIENT CLEAN UP TIME: _____

EMPLOYED BY ASSOCIATE COMPANY? **YES NO**

IF YES, COMPANY: _____ IF NO, SPONSOR NAME: _____

ROOM: TRINITY RANCHVIEW/UNITY(JOINT) RANCHVIEW UNITY GATEWAY

SETUP: _____

ADDITIONAL SERVICES:

EVENT COST *(CERA REP TO FILL OUT)*

BREAKDOWN

FACILITY: _____

FACILITY COST _____

ADD'L SERVICES :

ADD'L SERVICES: _____

+ ADD'L HOURS _____

ADD'L SERVICES: _____

+ AFTER HOURS _____

DOWN PAYMENT: _____
(20% min)

TOTAL COST: _____

FINE PRINT

I HAVE READ THE POLICIES SET IN PLACE BY CERA AND ACCEPT THESE TERMS. I UNDERSTAND THAT ANY CHANGES TO THIS AGREEMENT MUST BE APPROVED BY CERA IN ADVANCE OF THE EVENT.

CLIENT SIGNATURE: _____

DATE: _____

CERA REP SIGNATURE: _____

DATE: _____

CREDIT CARD INFORMATION

Credit card information will be kept private and secure. This is needed in case of damage or incidentals.

Name on Card: _____

Expiration: _____

Card Number: _____

CVC: _____