

FISCHER HALL RENTAL WORKSHEET

OFFICE USE ONLY
Deposit Paid Date: _____
Deposit Amount: _____
Method of Payment: _____
Balance Date Due: _____
Balance Amount Due: _____
Balance Paid Date: _____
Method of Payment: _____
Paid In Full: _____

TODAY'S DATE: _____
BUSINESS/TROOP: _____
CONTACT: _____
ADDRESS: _____
CITY: _____ STATE: ___ ZIP: _____
E-MAIL ADDRESS: _____
PHONE 1: _____ PHONE 2: _____

DAY & DATE REQUESTED: _____ TIME: _____

TYPE OF EVENT: _____

GROUP SIZE: _____ FHA Member?: _____ ALCOHOL SERVED: _____

OFFICE USE ONLY	Base Rental Cost _____	Add-on Costs _____	Total Rental _____
Signed Contract Rec'd _____	Security Deposit Recv'd: _____		
Insurance Cert. Recv'd _____	Marquee Recv'd _____		

EQUIPMENT REQUIRED:

OF TABLES: _____ # OF CHAIRS: _____ LECTERN: _____

COFFEE URN: 45 cup: _____ 100 cup: _____

STAGE LIGHTING (add \$10): _____ SOUND SYSTEM / WIRELESS MIC (add \$10) : _____

DVD PLAYER / PC PROJECTOR & SCREEN (add \$15): _____

MARQUEE (Sign on front of Hall) (add \$15): _____ *Marquee is for one side only. Side is at the discretion of the FHA, and length of time the message stays up is dependent on availability of staff to change it.

SPECIAL INSTRUCTIONS:
