

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 - \$5.00 each Chairs - \$.50 each
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 Tables _____ | X | \$5.00 = | \$ _____ | |
| 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 |
|-----------------|------|--------------------|------|