Event Rental Worksheet

TCA Staff for Event:

Date:

Staff Initials:



TENTATIVE	CONFIRMED				
EVENT DATE:	//				
EVENT TIME: _	to				

Name of Renter:		Phone:					
Email:	Address:						
Name of Event/Occasion:		Estimated Guest Total:					
Facility (i.e., Art Park, A	Gallery (i.e., Josette, Boyette, etc.)						
lote: Charges for any chang quipment) will be deducted f	ges made between the date from the damage deposit.	the contract is si	gned and the a	actual time of th	e event (con	cerning add on items or e	
\$1,200 Base Rental Fee		Date Paid: / /			\$600		
Half paid to secure e	•			_//		\$600	
damage deposit due 1	· ·	_	· ·			Ć500	
Damage Deposi	it (Refundable)	D	ate Paid:	_//		\$500	
Equip	ment	Item Cost		Number of Items		Total	
White Fold	ing Chairs	\$3.50 Per Chair				\$	
White Wooden Folding	/ Gold Wooden Chairs	\$4.50/\$6.50 Per Chair				\$	
4' Round	l Tables	\$6.00 Per Table				\$	
6' Rectangle E	Buffet Tables	\$8.00 Per Table				\$	
High-Top Tables		\$5.00 Per Table				\$	
Microphone		\$20.00		Only 1 Available		\$	
TV		\$50.00		Only 1 Available		\$	
Projector and Screen		\$30.00		Only 1 Available		\$	
Stage (4'x4' panels configured to desired size)		\$15.00 Per Panel				\$	
LED Up Lights		\$50.00		Set of Six Lights		\$	
Piano		\$100.00		Only 1 Available			
TOTAL Event Rental Amount		Date Paid: /		_//		\$	
otes:							
Music D	DJ/Band/Musician:						
Caterer N	lame:	ne:					
Alcohol Li	Licensed Alcohol Caterer:						
Florist N	Name: Setup Time:						
Security							

Confirmed __

Invoice Created:

Contract Signed

Added to Google Calendar

Updated: 10/29/2024

Final Invoice Sent: