



FACILITY USE AGREEMENT [private after-hour contract] SPRING/SUMMER May-September

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, UPPER LEVEL, STEWART SCULPTURE

- Class II (Springville Resident Discount)**
- \$500 refundable deposit
- \$1800 for initial 6.5-hour block/weekday
- \$2,100 for initial 6.5-hour block/weekend
- \$150/hr. for additional hour(s) _____

Class III

- \$500 refundable deposit
- \$2,000 for initial 6.5-hour block/weekday
- \$2,300 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

- \$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=\$ _____
- \$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 _____	Receipt: _____
<input type="checkbox"/> cc <input type="checkbox"/> cash <input type="checkbox"/> ck. # _____	Receipt # _____	CC type: _____	CC type: _____
CC type: _____		& last 4 digits _____	& last 4 digits _____
& last 4 digits _____			