

# Lee Community Center

## Table & Chair Rental Agreement

The Lee Community Center (hereinafter referred to as "LCC") and Renter in consideration of the terms set forth herein, hereby agree to the following:

1. All tables and chairs must be in the same condition upon return. Renter is responsible for damage and will be held responsible for additional cost for replacement of damages incurred to tables, chairs or carts except as otherwise damage due to ordinary wear and tear.
2. Rental fees shall be paid in full at the time of pick up unless prior arrangements or alternative payment plans have been made with the LCC Manager. In the event of a returned check due to insufficient funds, the customer agrees to pay an additional \$30 penalty fee that will be charged.
3. Renter will be required to supply a **\$100 security deposit** upon pick up of tables & chairs.
4. If items are not returned within (1) business day of return date (Monday - Friday), additional charges will be added: \$10 ea/day per table & \$1.25 ea/day per chair.
5. Weekend Rentals: will be given until Monday @ 5:00 pm before additional charges. Items will need to be picked up before 5:00pm on Friday
6. If pick or drop off dates and times can't be met on this agreement and alternate arrangements need to be made you will be charged a administrative fee of \$50 for the inconvenience to the LCC staff or volunteers
7. A copy of a driver license is required upon pick up.

The following items have been rented from the Lee Community Center:

Quantity	Days	Items (s)	Cost
		\$10 ea./day TABLES	\$
		\$1.25 ea/day CHAIRS	\$
Tables \$10 ea/day with a minimum \$50 rental Chairs \$1.25 ea/day with minimum \$50 rental		Subtotal	\$
		SECURITY DEPOSIT	\$100
		<b>Total Due</b>	\$
		Additional Charges	\$
		<b>Total Due</b>	\$

The above-rented items were picked up: (time)\_\_\_\_\_ on (day)\_\_\_\_\_ (date)\_\_\_\_\_ & will be returned at (time)\_\_\_\_\_ on (day)\_\_\_\_\_ (date)\_\_\_\_\_

### Renter's Information

Name or Group Names: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date & Time Items Returned: \_\_\_\_\_ Condition: \_\_\_\_\_

LCC Staff/Volunteer Name & Signature: \_\_\_\_\_