



VFW Post 4443

Highland Hills - Oak Hill Post, Austin, Texas



FACILITY RENTAL AGREEMENT (512) 924-3700

Responsible Party _____

Status: Post Life Member Post Annual Member VFW Member Veteran
 Post Family Member Non-Member Community Organization

Address: _____ City: _____ State: _____

Phone: _____ E-Mail: _____

EVENT INFORMATION:

Date/Time of Event: _____ / _____ Purpose: _____

Number of Attendees: _____ Will there be an Event Attendance Fee? Yes or No (circle)

Will Alcohol be allowed and/or served? Yes or No (Initials)

If Yes, then a Special Event Insurance Policy listing VFW Post 4443 as additionally insured must be provided to the post property manager at least two (2) weeks prior to the event otherwise the event will be cancelled and a fee assessed, see below.

In the event of an emergency, a cell phone must be available to call 911. Phone _____ Initials _____

Facilities Requested: Main Hall Pool Small Hall Bride Room

This agreement is between the Responsible Party identified above and VFW Post 4443. All rental fees, cleaning deposits and other expenses are the responsibility of the Responsible Party.

Fifty percent of the agreed on rental fee is due at the time of the reservation and the remainder is to be paid two (2) weeks prior to the event. Should the event be cancelled within two (2) weeks of the event there will be a cancellation fee assessed equal to one-half the rental fee or \$200 whichever is less.

A \$250 cleaning/damage deposit is due at the time of the reservation. A Pre-Event checklist will be completed by the Responsible Party and the Post's representative the day prior to the event. All items to be used are identified on this checklist must be accounted for during the after-event inspection conducted by the Post's representative. The cleaning/damage deposit will be held and not deposited by the post quartermaster/representative. Upon satisfactory completion of the after-event inspection, the cleaning/damage deposit check will be voided and retained or returned if requested. Any damages assessed or missing items will be deducted from this deposit.

FEES:

Facility Fee: _____ -Minus Amount Paid: _____ =Amount Due: _____

VFW Representative/date: _____ / _____

Responsible Party/date: _____ / _____ Cleaning/Damage Deposit: _____