

Hall Address
11221 Johnson Dr.
Shawnee, KS 66203

Shawnee Home Association
Hall Rental Agreement
Tel. 913-631-9842 <http://kofc2332.org/>

Mailing Address
P.O. Box 3115
Shawnee, KS 66203

Name of Renter	Street Address
Phone Number	City - State - Zip
Date of Rental	email

Event Time From: _____ To: _____ Additional Setup Time From: _____ To: _____

Description of event (i.e. wedding reception, dance, etc): _____

Is this a corporate or for profit event: Yes No SHA Approval _____

Description of outside tables or chairs: _____

Number of Guests: _____ Beer or alcohol to be consumed (circle): Yes No

Is Security Guard required (circle): Yes No (Contact Shawnee Police @ 913-742-6878 - renter's expense)

Summary of Rental Fees

Friday/Saturday	\$110 per hour for 1st five (5) hours (5 hr. minimum rental -- Setup and clean-up must be completed during rental time)	\$75 per hour for each additional hr. Additional Hrs. Req. _____ \$ _____
Sunday/Thursday	\$90 per hour for 1st two (2) hours -- Setup and clean-up must be completed during rental time)	\$75 per hour for each additional hr. Additional Hrs. Req. _____ \$ _____
Bartender (Bartend required for consumption of beer, wine, or alcohol)	\$75 per bartender up to 5 hrs. (2nd bartender required if guests exceed 150 people) No. of bartenders req. _____	\$15 per hr. per bartender for each additional hr. Additional Hrs. Req. _____ \$ _____
Keg of Beer	Includes Tap and CO ₂	\$140 each # Req. _____ \$ _____
Audio/Visual Equipment		\$30 \$ _____
Total Rental Fee		\$ _____

Damage/Security Deposit Due at signing (returned by check within 2 weeks after passing hall inspection) \$ 200

Total Rental Fee (50% of Total Rental Fee) plus Damage/Security Deposit due at signing to reserve hall \$ _____

Balance 50% Rental Fees due two (2) weeks before event --- Date of final payment is: \$ _____

I HAVE READ AND AGREE TO THE RULES AND REGULATIONS AS OUTLINED IN THE ATTACHED HALL RENTAL RULES AND I AGREE TO PAY THE FEES AND DEPOSITS AS DESCRIBED ABOVE.

Signature of Renter	Printed Name of Renter	Date
Signature of SHA Representative	Printed Name of SHA Representative	Date

After event inspection Acceptable Non-Acceptable Comments _____

Approval of Full Deposit Refund Yes No SHA Representative Signature _____