

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	\$ _____ per hour for 1st five (5) hours (5 hr. minimum rental -- Setup and clean-up must be completed during rental time)	\$ _____ per hour for each additional hr. Additional Hrs. Req. _____	\$ _____
Sunday/Thursday	\$ _____ per hour for 1st two (2) hours -- Setup and clean-up must be completed during rental time)	\$ _____ per hour for each additional hr. Additional Hrs. Req. _____	\$ _____
Audio/Visual Equipment		\$ _____	\$ _____
Total Rental Fee			\$ _____

Damage/Security Deposit	Due at signing (returned by check within 2 weeks after passing hall inspection)	\$ 200
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Total Rental Fee (50% of Total Rental Fee) plus Damage/Security Deposit due at signing to reserve hall	\$ _____
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Balance 50% Rental Fees due two (2) weeks before event --- Date of final payment is:	\$ _____
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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 _____