

## EVENT SPACE RENTAL AGREEMENT AND CONTRACT

Agreement made on \_\_\_\_/\_\_\_\_/20\_\_\_\_, by and between Pratt Family Dental and \_\_\_\_\_, referred to as "Client". Client agrees to rent and Pratt Family Dental agrees to make available the use of the Conference Room/ Event Space located at 501 S. Fincham St - Pratt, KS 67124 with the following terms and conditions.

Date of Event: \_\_\_\_\_ Type of Event: \_\_\_\_\_

Set-up starting at: \_\_\_\_\_

Event starting at: \_\_\_\_\_

Event ending at: \_\_\_\_\_

Clean-up ending at: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Number expected: \_\_\_\_\_

Please select which room will you be renting?

- ☐ Room 1. \$20/HR or \$100 Daily
- ☐ Room 2. \$20/HR or \$100 Daily
- ☐ Room 1 & Room 2. \$40/HR or \$150 Daily

Please select what type of tables you would like set up, and how many?

- ☐ Round Tables
  - How many? \_\_\_\_\_
- ☐ Rectangular Tables
  - How many? \_\_\_\_\_

Would you like to use the projector?

- ☐ Yes
- ☐ No

### ***Alarm System:***

***Prior to entry to the building you must contact the representative of Pratt Family Dental for the disarming of the basement alarm system. Once the event is finished and as you are leaving please again contact the representative to re-arm the alarm system.***

***Representative of Pratt Family Dental:*** \_\_\_\_\_

***Phone Number of Representative:*** \_\_\_\_\_

Client Name: \_\_\_\_\_,

Client Address: \_\_\_\_\_,

Client Phone: \_\_\_\_\_, Client Email: \_\_\_\_\_.

About 500 square feet space with seating for up to 80 people (This includes both room1 and 2). Room 1 alone will seat about 30 people. All rental fees listed below are subject to change due to time of year, number of attendees, and hours of events.

• **A signed contract and date-hold deposit of ½ the total fee is due on day of booking.**

• **The balance of your space rental fee is due five (5) days prior to your event.**

• The credit card on file will be held for damages should they occur. Cancellation: Deposit is non-refundable. No refunds of the space rental fees thereafter will be refunded if canceled 5 days prior to an event, as your agreement to rent Conference Space/ Event Space may cause the loss of additional bookings or business. If circumstances beyond the control of Pratt Family Dental force us to cancel your reservation, Pratt Family Dental will refund all sums paid. If the full rental payment is not received 5 days prior to your event, Pratt Family Dental reserves the right to cancel your reservation without a deposit refund. Payments should be made to Pratt Family Dental. Cash, in state Checks and most major credit cards are accepted. A CREDIT CARD AUTHORIZATION FORM is located on the last page (#5) of this contract.

Client Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Please read the material below to make sure all parties understand the requirements of providing for everyone's safety and keeping Event Space maintained and a safe location for future use.**

#### Deposit/Rental Fees:

A signed contract and date-hold deposit of ½ of the total event price must be received to reserve your date(s) and time(s). This is nonrefundable unless Pratt Family Dental is forced to cancel and the full deposit will be refunded. The Balance of your space rental fee is due five (5) days prior to your event. No terms are implied or granted and no work will be allowed to commence until full payment is received.

#### Smoke-Free Facility:

Pratt Family Dental's Event Space is a smoke-free facility. Although the building is equipped with fire safety measures, the Event Space is located by potentially flammable materials. There is **no open flame** or frying allowed on site or any cooking that will create a large amount of smoke.

No smoking in any restroom. If smoking materials are discarded in planters, sidewalks or grounds, an extra cleanup charge will be imposed. Any guests violating the smoking restrictions will be asked to leave the premises by the event staff.

#### Attorney fees:

In the event that Pratt Family Dental retains the services of an attorney to represent its interests in regard to the lease or to bring an action for the recovery of damages or other charges, the Client agrees to pay a reasonable attorney fee of not less than \$500.00 or 20% of the sum sued for, whichever is greater, plus the costs of any legal action.

#### Lost and Found:

Pratt Family Dental takes no responsibility for personal effects and possession left on premises during or after any event. We do, however, maintain a lost and found and will hold recovered items up to 30 days. Every attempt will be made to return any recovered item to its rightful owner.

#### Promotions and Copyright:

It is important to us that you have a fantastic and successful event. Should Pratt Family Dental be engaged in the promotion or co-production of your event, it is imperative that we see and approve all marketing messages and communications 30 days prior to the event. We are happy to provide professional created images and logos of Pratt Family Dental for promotional needs. We also reserve the right to take pictures of your event and use them for our marketing and promotional purposes.

#### Catering, Cleaning, Trash and Equipment Removal:

The Event Space will be in a clean condition prior to your event. Upon additional planning with Pratt Family Dental, you will need to incorporate your set-up time and clean up time into the rental agreement, you are required to return the space to the same clean condition in which it was found, unless payment for clean-up was made. Otherwise, all trash must be collected, properly bagged and removed by the renter or the caterer and the furniture must be rearranged. All rental equipment must be removed that night unless approved otherwise by Pratt Family Dental.

#### Site Decoration:

Pratt Family Dental wants to make every event here a special and welcome experience. Therefore, every effort will be made to allow renter to prepare decorations reflecting their creative requirements. We ask that only the staff of Pratt Family Dental assist with rearranging and move any furnishings, including artwork, lighting, or seating. No nails, screws, staples or penetrating items should be used on our walls, brick or fine wood. Any tape or gummed backing materials must be properly removed and in an extreme case of any wall damage, the card on file will be charged a fee.

#### City, County, State and Federal Laws:

Renter agrees to comply with all applicable city, county, State, and Federal laws and shall conduct no illegal act on the premises. This is a drug free and non-smoking facility at all times, NO EXCEPTIONS. Client shall not sell alcohol on premises at any time. Client may not serve alcohol to minors on the premises at any time. Client agrees, for everyone's safety, to ensure alcoholic beverages are consumed in a responsible manner. Pratt Family Dental reserves the right, in its exclusive discretion, to expel anyone who in its judgment is intoxicated or under the influence of alcohol or drugs, or who shall in any manner do or participate in any act jeopardizing the rights, use permit, or insurability of Pratt Family Dental or the safety of its staff, guests, or building contents.

Liability:

Renter agrees to indemnify, defend, and hold Pratt Family Dental, its landlord, building owners, officers, employees, and agents harmless of and from any liabilities, costs, penalties, or expenses arising out of and/or resulting from the rental and use of the premises, including but not limited to, the personal guarantee of provision, service, and dispensing of payment by client, its employees, and agents of alcoholic beverages at Pratt Family Dentals Event Space.

Conduct:

There is absolutely no drug use or smoking of any kind tolerated on premises or within 25 feet of the building including loitering or congregating outside on the sidewalk at any time during the event. Disparaging remarks or any type of physical violence will not be tolerated and will be cause for immediate expulsion. Client and guests shall use the premises in a considerate manner at all times. Conduct deemed disorderly at the sole discretion of Pratt Family Dentals staff shall be grounds for immediate expulsion from the premises and conclusion of the rental period. In such cases no refund of the rental fee shall be made.

Area of Use:

The rental Space is in the **basement only in either room 1 and/or room 2**. Unauthorized access to other sections of the building can result in the police being called.

Keys:

The key for the rental space will be available 1 business day before the event at Pratt Family Dental. Under no circumstance should the key be duplicated. After the event is finished please make sure the doors are locked and leave the key on the kitchen counter. Please exit the building through the North Crash door in the basement.

Client Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Payment:

Pratt Family Dental requires a credit card to be on file during the entirety of your event.

Please complete and sign this form to authorize Pratt Family Dental to make a debit(s) to your credit card listed below. Once complete, please email to prattfamilydental@gmail.com.

By signing this form, you give Pratt Family Dental permission to debit your account as indicated below. This permission does not provide authorization for any unrelated debits or credits to your account.

PLEASE COMPLETE THE INFORMATION BELOW:

- ☐ I authorize Pratt Family Dental to immediately charge my credit card in the amount of \$\_\_\_\_\_ (half of my total rental fee) on \_\_\_\_/\_\_\_\_/\_\_\_\_. Note: date-hold deposits are non-refundable.
- ☐ The remainder of the fee for the rental space in the amount of \$\_\_\_\_\_ will be charged to the provided credit card on \_\_\_\_/\_\_\_\_/\_\_\_\_. (5 days before event)

This payment is for my event on (date) \_\_\_\_\_.

Please note that the space rental fees balance will also be charged to this card **five (5) days** prior to your event. If you would like to use an alternative payment method (check, additional credit card, cash) for the remaining space rental fees and balance please specify exact intent and instructions here.

Please note that if you choose to use an alternative form of payment, payment timeframe remains the same. If the alternative method of payment has not been received by the due date the original credit card will be charged.

Billing Address: \_\_\_\_\_ Billing Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Account Type: Visa, MasterCard, Discover

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (MM/YYYY)

CVV2 Number: \_\_\_\_\_ (3-digit number on back of Visa/MasterCard)

I authorize Pratt Family Dental to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the event described above. I certify that I am an authorized user of the credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_