

**CityPlace and The Rawlings Foundation**  
**Corporate/Non-Profit Event Contract Agreement**

**Agreement Statement:** Signature of this Contract Agreement acknowledges the acceptance of these terms and conditions on behalf of the Event Group, and that the Event Group is legally bound to this Contract Agreement and its Term and Conditions.

Event: SOHS Junior Prom Event Date(s): April 13, 2024 Saturday, Time: 5pm-11pm

Event Coordinator: Ashley Webb, Assistant Principal

Address: 5901 Veterans Memorial Parkway  
Crestwood, Ky 40014

Phone: (502) 241-6681 Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: ashley.webb@oldham.kyschools.us

Event Group: South Oldham High School (Junior Class)

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

Phone: (As Above) Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ **Copy of Event Group Liability Insurance Certificate Is On File**

Event Group Liability Insurance Certificate is due no less than 30 days prior to event. Due date: March 7, 2024

Event Space: Pavilion 2 Full Day(s) 1 5 Hrs or Less \_\_\_ (+5 hours day before to decorate)

**Corporate Rate includes the use and setup of CityPlace tables, chairs, black linens, tech, and housekeeping**

\* 0 % Prom Package Special Rate Discount if applicable

Rental based Up to 300 Attendees Includes: Up to 1 hour Event Assistance with Floor Plan, Event Timeline & A/V Test Tech

Facility Rental: \$ 1,800<sup>00</sup> + Extra \_\_\_ hrs. X \$150 per hr = \$ \_\_\_ \*Less \_\_\_ % = Total Rental: \$ 1,800<sup>00</sup>

25% of the Rental Fee is due on the date the contract is signed. Date signed & pd deposit: \$ 450<sup>00</sup>

Balance due no less than 2 weeks prior to event date. \$ 1,350<sup>00</sup> Date due: 3/28/24 Date pd. \$ \_\_\_

Fee for Additional Facility Rental hrs, Assistance w Floor Plan/Timeline, A/V Test Tech: \$150.00 X \_\_\_ hrs = \$ \_\_\_

\$500 Damage Deposit due no less than 2 wks prior to event date. Date due: \_\_\_ Date pd. \$ \_\_\_

Method of Payment: Not required - Certificate of liability provided

Check \_\_\_ Check # \_\_\_\_\_ Credit/Debit: Master Card \_\_\_ Visa \_\_\_ AmExp \_\_\_ Discover \_\_\_ Date pd. \_\_\_ \$ \_\_\_

Check \_\_\_ Check # \_\_\_\_\_ Credit/Debit: Master Card \_\_\_ Visa \_\_\_ AmExp \_\_\_ Discover \_\_\_ Date pd. \_\_\_ \$ \_\_\_

Check \_\_\_ Check # \_\_\_\_\_ Credit/Debit: Master Card \_\_\_ Visa \_\_\_ AmExp \_\_\_ Discover \_\_\_ Date pd. \_\_\_ \$ \_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Code on Back \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Billing address if different from above \_\_\_\_\_

**I have provided copies of the CityPlace and The Rawlings Foundation Policies and Procedures with this Contract Agreement to my Event Group and my Event Group has agreed to abide by these terms.**

Event Coordinator Signature: [Signature] Date: 10.10.23

CityPlace- Administrator/Director: [Signature] Date: October 9, 2023