

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 Baseball - 1st Pitch Dinner **Event Date(s):** March 8, 2025 **Time:** 6pm - 10pm Saturday

Event Coordinator: Cortney Labar
Address: 5901 Veterans Memorial Parkway
Crestwood, KY 40014
Phone: (502) 241-6684 **Cell:** (502) 376-5594 **Fax:** (502) 531-8285
E-mail: cortann22@hotmail.com

Event Group: South Oldham High School Baseball
Address: _____
Phone: (As Above) **Cell:** _____ **Fax:** _____
E-mail: _____

Yes ___ **No** ___ **Copy of Event Group Liability Insurance Certificate Is On File** (will need updated)

Event Group Liability Insurance Certificate is due no less than 30 days prior to event. Due date: February 11, 2025
Event Space: Pavilion 2 **Full Day(s)** _____ **5 Hrs or Less** X (4 hours or less)

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

* _____ % _____ **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: \$ 990⁰⁰ + Extra _____ hrs. X \$150 per hr = \$ _____ *Less _____ % = **Total Rental:** \$ 891⁰⁰

25% of the Rental Fee is due on the date the contract is signed. Date signed & pd deposit: _____ \$ 228⁰⁰

Balance due no less than 2 weeks prior to event date. \$ 663⁰⁰ Date due: 2/20/25 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 w/ COI)

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 received a copy of the CityPlace and The Rawlings Foundation Policies and Procedures Guide. I agree to share it with my Event Group, and we agree to abide by these terms.

Event Coordinator Signature: Jason Ruff **Date:** 7.31.2024

CityPlace-Administrator/Director: Cheryl Gurr **Date:** July 26, 2024

CityPlace a Project of The Rawlings Foundation 112 South 1st Avenue, La Grange, Kentucky 40031

Phone: 502-225-0870 **E-mail:** info@cityplaceexpocenter.com **Web:** www.cityplaceexpocenter.com