

**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: Soms Football Banquet Event Date(s): November 17, Sunday, 2024 Time: 4pm-9pm  
 Event Coordinator: Tara Fox (Team Mom) or Jay Torsch (Coach)  
 Address: 6403 Ky-1460 Crestwood, Ky 40014  
 Phone: (502) 241-0320 Cell: (502) 548-8087 Fax: Jay (502) 682-5736  
 E-mail: TFOX8809@hotmail.com

Event Group: South Oldham Middle School Football Team  
 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: November 4, 2024  
 Event Space: Pavilion 2 Full Day(s) \_\_\_\_\_ 5 Hrs or Less  (4 hours late for Sunday)

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

\* \_\_\_\_\_ % \_\_\_\_\_ Discount if applicable

Rental based Up to 200 Attendees Includes: Up to 1 hour Event Assistance with Floor Plan, Event Timeline & A/V Test Tech

Facility Rental: \$ 960.00 (@ \$240/hour and total of 4 hours) + Extra \_\_\_\_\_ hrs. X \$150 per hr = \$ \_\_\_\_\_ \*Less \_\_\_\_\_ % = Total Rental: \$ 960.00

25% of the Rental Fee is due on the date the contract is signed. Date signed & pd deposit: \_\_\_\_\_ \$ 240.00

Balance due no less than 2 weeks prior to event date. \$ 720.00 Date due: 11/4/24 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 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: [Signature] Date: 10.10.2024

CityPlace-Administrator/Director: [Signature] Date: 10/3/24

**CityPlace a Project of The Rawlings Foundation 112 South 1<sup>st</sup> Avenue, La Grange, Kentucky 40031**  
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