

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 Trivia Night Event Date(s): Saturday, Feb. 28, 2020 Time: 6pm-10pm

Event Coordinator: Christi Steller
Address: 5901 Veterans Memorial Parkway
Crestwood, KY 40014
Phone: (502) 241-6681 Cell: (502) 741-5687 Fax: _____
E-mail: C-steller@hotmail.com

Event Group: SOHS Baseball ~ New Coach: Ryan Wheat
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 12, 2020

Event Space: Pavilion 2 Full Day(s) _____ 5 Hrs or Less X

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

SEE NOTE: Facility Rental: \$ 990.00 + Extra _____ hrs. X \$150 per hr = \$ _____ *Less _____ % = Total Rental: \$ 891.00

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

Balance due no less than 2 weeks prior to event date. \$ 891.00 Date due: 2/12/20 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 req'd w/ COI)

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

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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: Claudette Z. Herald Date: January 21, 2020

CityPlace-Administrator/Director: Cheryl Gurr Date: January 13, 2020

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

NOTE: Standard 4 HR, weekend rental rate = \$1,300 for 300 people 7/11/2024
Rll gave approval to keep same rate due to continued customer loyalty