



# TECHNICAL COLLEGE OF THE LOWCOUNTRY

## TCL FACILITY RENTAL AGREEMENT

EVENT NAME: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

### FACILITY RENTAL DETAIL

CAMPUS LOCATION: \_\_\_\_\_

CAMPUS ADDRESS: \_\_\_\_\_

RENTAL TIME (Including Setup): *from* \_\_\_\_\_ *to* \_\_\_\_\_ GUEST COUNT: \_\_\_\_\_

EVENT SUPPORT: *AudioVisual*: \_\_\_\_\_ *Facility*: \_\_\_\_\_ *Other*: \_\_\_\_\_

ROOMS RESERVED:

ADDITIONAL FEES: \_\_\_\_\_

DEPOSIT AMOUNT: \_\_\_\_\_

TOTAL FACILITY RENTAL FEE: \_\_\_\_\_

In order to reserve use of the facility/s defined above, this contract must be signed and returned along with a deposit of 30% or \$500 whichever is less by \_\_\_\_\_. By signing this contract, you attest that you have read the terms and conditions below and to the accuracy of the information submitted on the TCL Facilities Rental Questionnaire attached to this contract.

#### TECHNICAL COLLEGE OF THE LOWCOUNTRY

Vice President for Institutional Advancement

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

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

#### RENTER

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

Print Name: \_\_\_\_\_

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