

RENTAL AGREEMENT
 Unitarian Universalist Fellowship
 4225 NW 34th Street
 Gainesville, Florida 32605-1422
 (352) 377-1669 e-mail: uuf@uuf.org

RENTER: Name: _____ Phone:(W)_____ (H)_____

Address: _____

City: _____ State: _____ Zip: _____

Name of Group: _____

Alternate Contact: _____ Phone: _____

ACTIVITY: Date(s) of use: _____ Hours of use from: _____ a.m./p.m to _____ a.m./p.m.

Number of guests: _____ Special needs: i.e., easels _____

Type of activity (describe): _____

FEES: Room

	Hours (Min 2)	Rate Hourly	Total Fee	Refundable Damage Deposit
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Sanctuary	_____	\$75.00	\$ _____	\$300.00
Grand Piano	_____	\$25.00	\$ _____	\$100.00
Social Hall	_____	\$25.00	\$ _____	\$100.00*
Kitchen	_____	\$20.00	\$ _____	\$100.00*
Audio System	_____	\$25.00	\$ _____	\$100.00
Window Room**	_____	\$15.00	\$ _____	\$50.00
Choir Room**	_____	\$25.00	\$ _____	\$50.00
Library	_____	\$25.00	\$ _____	\$50.00
Class Rooms	_____	\$15.00	\$ _____	\$50.00
Storage Room	_____	\$15.00	\$ _____	\$25.00
Campus Space	_____	\$25.00	\$ _____	\$25.00
Building Supervisor	_____	\$10.00	\$ _____	N/A
Custodial Fees	_____	\$12.00	\$ _____	N/A
Rehearsal/Setup	_____	\$25.00	\$ _____	N/A (Not to exceed 2 Hours)

* = and/or Kitchen/Social hall
 ** = goes with Sanctuary N/C

GRAND Total: \$ _____ DEPOSIT (min 50%) Total: \$ _____ Bal Due Total: \$ _____

Check #: _____ Bank #: _____ Signed By: _____

UUF Administrator _____ Date _____

Refundable Damage Deposit \$ _____ Refundable Audio Deposit \$ _____

Date Paid _____ Check # _____ Date Deposit Returned _____ Administrator's Initials _____

Building Supervisor
 Fee (Separate Check) \$ _____ Check # _____ Supervisor's Name: _____
 (May be waived if Building Supervisor is a UUF member and agrees to waive fee.) Waived? Initialed by B/S _____

Custodian Fee (Separate Check) \$ _____ Check # _____ Waived? (May be waived if renter cleans up adequately.)

I have read and understand the "Rental Agreement Guidelines" of the Unitarian Universalist Fellowship of Gainesville, and agree to abide by these Guidelines.

Renter's Signature _____ Phone _____ Date _____