## J P Jones Center

Fill in the Information Below			
Name (POC)	Phone:	Date of Applicati	on:
Agrees to lease the following Even	nt space(s):		
Ballroom #1: Fee:	Ballroom #	#2: Fee:	
Boardroom: Fee:	Kitchen:	Fee:	
Multipurpose Room: Fee:	Classroom	103: Fee:	
Classroom 104: Fee:	Classroom	109: Fee:	_
Refundable Date Hold/Deposit Fe	e: Admin Fe	e:	
Other Services Provided:			
Wi-Fi is Free. Password is	Door Coo	de provided:	_
Sound System: Fee:	-		
Smart Television: Fee:	-		
Table Settings available by reques	st: Fee:		
Event Start Date:	Event End Date:		
Time frames (including setup and	tear down):	AM/PM to	AM/PM
Method of Payment:	Balance Due:	Date:	
Purpose for Use:			
If the POC is representing an orga		-	
Person Responsible for Payment:			
Mailing Address:			
City: Sta	te: Zip	):	_
Phone(s):			
Email:			

## J P Jones Center

I have read the Event agreement requirements and agree to abide by the terms and conditions of this agreement. I agree to use only the area(s) contracted in this agreement on the scheduled day(s) and time(s) outlined in the Event Agreement. I understand if I cancel this contract within (15) days of the event I will be charged a 20% cancellation fee. I agree to compensate, defend and hold the J.P. Jones Center, building owners, officers, employees and agents harmless of and from any liabilities, costs, penalties or expenses arising out of and/or resulting from the event and use of the premises. I understand my deposit check will be returned to me if the Center is left in a satisfactory state of cleanliness and order. By signing this Event Agreement, I understand my signature and payment confirms my reservation with the JP Jones Center and guarantees me access to the facility.

Client Signature	Date:	
Print Name:	Date:	
JP Jones Center Staff Signature:		Date:
Print Name:	Title:	