



### **UNA on Sixth Space Rental Agreement**

*Contact Kayla Manzolillo at 256-765-4651 for booking or [kmanzolillo@una.edu](mailto:kmanzolillo@una.edu)*

**(Maximum capacity of 250)**

**Rental Fees (per day = 8 hours, available hours 8:00am-10:00pm) - \$500.00**

**UNA Rental Fees (per day=8 hours)-\$250.00 (No deposit required.)**

**A 25% deposit is due to reserve the date(s) and the remaining balance is due seven days at the conclusion of the event. There will be a \$50 per day late fee added to any unpaid balances.**

***The facility rental rate includes use of the facility, access to the kitchen, and one technician per day as needed. Any additional time needed beyond 8 hours will be subject to an overtime fee (see below).***

**Additional fees:**

**-Additional tech support - \$15.00 per hour, per person. (4-hour minimum)**

***•1 technician is included in the standard rental fee; however, additional tech support will be required if/when your event also requires audiovisual support or event lighting.***

**-Overtime fee (for hours over the 8-hour rental period) - \$75.00 per hour (*this does not include additional technicians*)**

### **Custodial and Damage**

All organizations who use the facility are responsible for removing all articles at the conclusion of the event. Any organizations that do not adhere to the above-mentioned policies will be charged a fee of \$150 per day until all items are removed.

**\*Renters are responsible for any damage to the facilities during the rental period. The facility should be reset to the original configuration after the event. In the event, there is excessive debris left in the facility there is a \$150 minimum cleaning fee.**

Any damage done to the facility and/or equipment during the rental period will be billed directly to the individual or organization listed on the rental agreement. Payment for such damages should be received no later than 72 hours after the conclusion of the event.

**Contract Information**

**Renter (print name of contact and organization):**

**Date and Times Requested:**

**Estimated Cost(s):**

**By signing this document, I agree to the provided guidelines and estimated cost(s):**

**Signature of Organization Representative**\_\_\_\_\_

**Contact Number**\_\_\_\_\_

**E-mail**\_\_\_\_\_

**Mailing Address**\_\_\_\_\_