

SPRINGFIELD CERAMICS AND CRAFTS CLUB

2626 South Pasfield

Springfield, IL 62704

TERMS OF STUDIO RENTAL

1. All facility rentals must be by referral from a member of the Springfield Ceramics and Crafts Club ("Club").
2. Use of the premises at 2626 South Pasfield shall be restricted to the hours of 8:00 A.M. until 10:00 P.M., unless otherwise specified. **Please note** that rentals may not be scheduled at the same time as Club functions. Studio Rental Chair must be contacted in advance for available dates.
3. This Agreement allows for rental of the first level only of the building and the parking lot, unless otherwise specified.
4. Security Deposit:
 - a. \$100.00 will be charged and must be paid in advance when booking the event.
 - b. If the studio and its premises are left in the same condition as when rented, the Security Deposit check will be returned un-cashed to the renter.
 - c. All rental cancellations must be made seven (7) days prior to the scheduled rental date to receive the Security Deposit refund.
5. In addition to the Security Deposit, there is a charge of \$12.50 per hour for the time the studio is in use.
6. Items available for use rental are as follows. Renter is responsible for setting up and arranging tables.
 - a. Folding Chairs
 - b. 8' Tables
 - c. Card Tables
 - d. Table Covers (additional \$.50 per table)
 - e. Chair Covers (additional \$.50 per cover)
7. Use of the kitchen:
 - a. Arrangements must be made in advance for food preparation (cooking)
 - b. There is an additional \$15.00 charge if kitchen appliances are used.
 - c. Kitchen area used for food assembly only by caterers or renters will not require the extra fee.
8. All garbage must be disposed of by the renter.
9. Liquor **may not be sold**, unless a caterer with a valid liquor license is present. Name of caterer must be provided to Rental Chair. Alcoholic beverages may be served with prior permission. (See Item 12.)
10. In some instances, renter may be asked for proof of liability insurance coverage of the studio and premises for the event.
11. **"Rental Agreement" form (page 2) must be completed in duplicate and sent, along with the check for Security Deposit, to the Studio Rental Chair. A signed copy will be returned to you after the event. Full payment for hourly charges must be received by Club Treasurer within three (3) days after the event. Checks should be made payable to "Springfield Ceramics and Crafts Club."**
12. **The Springfield Ceramics and Crafts Club shall not be held liable for any loss, damage or accidents sustained by renter or guests in connection with the event.**

RENTAL AGREEMENT

The Springfield Ceramics and Crafts Club hereby rents the upper level of the studio and parking lot at 2626 South Pasfield, Springfield, Illinois, as set forth under the provisions and conditions listed in the Terms of Studio Rental to:

_____ Renter

for the purpose of _____

_____ Event

Rental Date: _____ Number of people expected: _____

Rental Time: _____ (A.M.) (P.M.) until _____ (A.M.) (P.M.)

Referring Club Member: _____ Phone: _____
(Please Print)

_____ Number of 8' tables needed (8 available) and _____ chairs. _____ Chair Covers @ \$.50 ea.

_____ Number of card tables needed (16 available) and _____ chairs _____ Table Covers @ \$.50 ea.

_____ I will be using the kitchen for assembly and set-up work only.

(Initials)

_____ I will be using the kitchen appliances and paying the extra \$15.00 fee, not including dishes or linens.

(Initials)

_____ I will be using the _____ 30-cup coffee pot (2 available) or _____ 100-cup coffee pot

(Initials)

_____ If required, is proof of insurance attached? (If not required, enter "N/A")

I hereby agree to the provisions and restrictions as stated in the Terms of Studio Rental and Rental Agreement of the Springfield Ceramics and Crafts Club.

Renter: _____ Date: _____
(Signature)

Printed Name: _____

Security Deposit Received by: _____ Date: _____

_____ Studio and premises are in the same condition as when rented.

Renter Signature

Studio Rental Chair Signature

Rental Fee: \$ _____ Received by: _____ Date: _____

Extra Fee: \$ _____ Received by: _____ Date: _____

Security Deposit Refunded? (Yes) _____ Date: _____ (No)

If no, give reason: _____

Studio Rental Chair: Cindy Parkhill
29 Friars Lane
Springfield, IL 62704
(217) 787-2303

Treasurer: Penny Anderson
607 Kenyon Drive
Springfield, IL 62704
(217) 891-5500