

**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 \$15.00 per hour for members, and \$20.00 per hour for non-members for the time the studio is in use.
6. Items available for rental use 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.**

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

**Treasurer:** Diane Hunt, 61 Foresters Lane, Springfield, IL 62704, (217) 546-3885

**RENTAL AGREEMENT**

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

Renter \_\_\_\_\_

(Phone)

(Email)

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 (12 available) and \_\_\_\_\_ chairs. \_\_\_\_\_ Chair Covers @ \$.50 ea.

\_\_\_\_\_ Number of card tables needed (24 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: \_\_\_\_\_

Home Address: \_\_\_\_\_

Security Deposit Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Ck. No. \_\_\_\_\_

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

Renter Signature Studio Rental Chair Signature \_\_\_\_\_

# Hrs. \_\_\_\_\_ X \$ \_\_\_\_\_ /Hr. = \_\_\_\_\_ (Amount Due) Ck. No. \_\_\_\_\_

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

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

Security Deposit Refunded? (Yes) (No) Date: \_\_\_\_\_

If no, give reason: \_\_\_\_\_