



Event Center Rental Application

Event Date/Time Requested: _____

Organization: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Contact Phone: _____ Cell: _____

Contact Email: _____

Fax: _____

Non-Profit? YES NO 501(c)(3) #: _____

Tax ID/SSN: _____

Event/Activity Description: _____

Event Hours: _____ (Must vacate by 1:00am including clean up)

Expected Guests	1-99/\$100 hr.	100-199/\$150 hr.	<input type="checkbox"/>	200-299/\$200 hr.	<input type="checkbox"/>
(4 hour minimum)	300-399/\$250 hr.	400-499/\$300 hr.	<input type="checkbox"/>	500-1000/\$400 hr.	<input type="checkbox"/>

Kitchen/\$100 flat fee

Patio/\$75.00 flat fee

BBQ/\$50.00 flat fee

Kegeator/\$50.00 flat fee

Tables/chairs/\$10.00 ea.

Serving table/\$5.00 ea.

Tablecloths/\$5.00

(we will launder)

Items needed for event: Coolers Podium

Set up time/\$100 hr.

Clean up time/\$100 hr.

(1 hour minimum each)

Additional Requirements:

Will Alcohol be served? YES NO

Security will be REQUIRED if alcohol will be served @ \$25.00 per hour per guard ea. 50 guests.

Will Alcohol be sold? YES NO

If alcohol will be sold: Liquor License, Permits, and Insurance must be presented to staff 7 days prior to event or ALCOHOL IS PROHIBITED.

Will Food be Served? YES NO Are you using a caterer? YES NO

If yes, name of Caterer: _____



Will you be having a band/DJ? YES NO

If yes, Name of Band or DJ: _____

Admission Fee? YES NO

ACKNOWLEDGEMENT OF GENERAL RULES AND REGULATIONS AND FEE SCHEDULE

Applicant must provide a (1MM) homeowner or business insurance rider naming eContactLive, Inc. as additional insured. Security deposit of \$500, or amount equal to hourly rental total, whichever is greatest, is required and will be refunded (minus any damages) within 10 business days after the event. The Applicant certifies that he/she has read and agrees to abide by the eContactLive, Inc. Event Center Rental Application.

Signature: _____

Print:

Date: _____

eContactLive, Inc. Event Center

6436 Oakdale Road, Riverbank, CA 95367

Event Center Coordinator:

Evan Sylvia (209) 548-4330 Fax: (209) 548-4316

After hours cell: (209) 241-6499

Email: ESylvia@eContactLive.com

Staff Use Only:

Date Received _____ Staff Initials _____

Deposit amount _____ Rental Fee _____

Payment method: CHECK CREDIT CARD

Payment details _____

Name on Card _____

Card Number _____

Expires (MM-DD-YYYY) _____

CCV _____

Items submitted:

____ Rental Agreement

____ Insurance Certificate

____ Alcohol Permits

Notes: