

**Clermont Garden Club
Rental Agreement**

Event Information:

Event Name _____ Event Date _____

Number of Guest _____ Time Reserved for Event _____ Type of Event _____

Host Name _____ Phone# _____

Address _____

E-Mail _____

Rental Fees:

\$30.00 per hour - min. 2 hrs. 2hrs. - 8 hrs. Hours _____

\$25.00 9hrs. - 12 hrs. _____

\$20.00 13hrs. - 16hrs. _____

Deposit \$ 100.00

Rental Fee \$ _____

Tax. 7% \$ _____

Total \$ _____

Weekly Meeting/ Monthly Meetings

12 month Commitment _____ 6 month Commitment _____

From: _____ To: _____

Signature of Renter _____

Signature of Garden Club Representative _____

Make Checks out to: Clermont Garden Club Mail to: PO Box 121322 Clermont, FL 34712-1322

Deposit Received: _____

Rental Fee Received: _____

Contact: Rental Chairwoman - Debra Smidt- 352-250- 0213.