**CHILCHINBETO CHAPTER**

**CHAIR AND TABLE RENTAL AGREEMENT FORM**

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purpose of Use\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered with Chilchinbeto Chapter? YES NO

Where will the table(s)/chairs be taken to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM** | **DESCRIPTION** | **PRICE EACH *PER DAY*** | **QUANTITY** | **TOTAL** |
| TABLE |  | $10.00 |  |  |
| CHAIRS |  | $1.00 |  |  |
| DEPOSIT | CHAIRS | $.50 EACH |  |  |
| DEPOSIT | TABLES | $5.00 EACH |  |  |
|  |  |  | **NN TAX 6%** |  |
|  |  |  | **TOTAL** |  |

By signing, renter agrees to return the items rented in the same condition in which they were received. If rental items are damaged, lost and/or stolen, the renter will be invoiced for the repairs cost plus 20% or the full replacement. Renter agrees to return the rented items on the specified time, otherwise be charged additional hours. The Chapter reserves the right to cash the deposit check if the items are not returned in the condition in which they were released.

**Note:** Rental period is charged based on a 24 hour period. The chairs must remain in the Chilchinbeto area. Chilchinbeto Chapter will not be held responsible for any injuries, accidents, damages, or losses that may occur from or during the usage of the rented items.

Please make check or money order payable to Chilchinbeto Chapter. There will be a $35.00 returned check fee assessed on any returned checks.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-----------------------------------------------For Office Use Only------------------------------------------------

|  |  |  |  |
| --- | --- | --- | --- |
| Checked out and Received By: | Date: | Time: | Condition: |
| Rental Items Returned By: | Date: | Time: | Condition: |
| Method of Payment  Amount: $ | Check Number | Money Order Number | Date:  Staff: |