

RENTAL CONTRACT
SALYARDS CENTER
PO Box 1949, Conway, NH 03818
603-447-5551

Organization Name: _____
Contact Name(s): _____
Address _____
City _____ State _____ Zip _____
Telephone (____) _____ E-mail _____

Event Description: _____
Anticipated # attendees: _____ Anticipated # performers: _____
Date(s) of Event: _____ Time(s) of Event: _____
Set-up Date & Time: _____ Clean-up/Move-out Date & Time: _____

Please check portion(s) of facility needed

____ Meeting and Conference Room (lower floor)

____ Kitchen (lower floor) (additional charge)

Please initial to accept and agree:

_____ **Please do not hammer or tape things** on the walls/woodwork that will leave permanent marks or residue. Informational signs or decorations may be hung from free standing exhibits/flats, etc., available upon request or please use the standing screens in the building.

_____ **Emergency exits** must remain clear at all times.

_____ **Smoking is prohibited** in the building and on the grounds.

_____ **If your event involves minors**, it is agreed that adult chaperones will be present and provide supervision during all event hours, set-up, break-down, and rehearsal times.

_____ **ALL trash and recyclable materials will be cleaned up and removed from the premises.**

- 1. Certificate of Liability Insurance:** The lessee must furnish Salyards CFA with proof of General Liability Insurance naming the Conway Historical Society as additional insured, at a minimum level of one million dollars, covering bodily harm and property damage.
- 2. Rental Payment:** Your rental payment of \$200 is required due with the return of the signed contract to confirm your reservation.
- 3. Clean-up/Damage Deposit:** A separate and refundable clean-up/damage deposit of \$200 is also due with the return of the signed contract. This amount will be returned after your event following a satisfactory building inspection. Furniture, equipment, and furnishings should be returned to their original positions and all trash should be removed from the building or a fee will be assessed. The lessee will be held responsible for any damages to the facility and/or equipment.

Accepted and agreed: By signing, the undersigned attests that he/she has express authority to enter into the above contract and furthermore agrees to the terms and conditions set forth herein.

Renter:

/Date