



Rental Agreement

309 Conrad Hilton – Cisco, Texas 76437
(254) 442-2537

(Please Print Neatly)

Today's Date: _____

Renter's First and Last Name: _____

Mailing Address: _____

City, State & Zip: _____

E-mail Address: _____

Contact Phone Number: _____

(Can we text on this number?) Yes / No

The undersigned hereby agrees to rent the Community Room/Auditorium of the Conrad N. Hilton Memorial Park and Community Center @ \$100.00 per. hour rate, including all required deposits; and to adhere to all rules and procedures governing the use of the Centers' facility. All Monies are due before the actual date of the event. You will be given a door code or key after FULL payment has been paid to the Hilton.

Date of Event: _____

Time of the actual event: _____ (am/pm) to _____ (am/pm) _____ hours

Time needed to setup and breakdown/clean up:

The Hilton will give you 2 (two) free total hours to either setup and or breakdown/cleanup.

You, the renter, are financially responsible for the remaining hours.

Setup: _____ (am/pm) to _____ (am/pm) _____ hours

Breakdown/Cleanup: _____ (am/pm) to _____ (am/pm) _____ hours

Remember to Subtract 2 free hours from the total....Setup / Breakdown / Cleanup _____ hours

TOTAL hours needed for the event plus time for Setup/Cleanup: _____ TOTAL HOURS.

Total Hours _____ X \$100.00 per hour = \$ _____

It is also necessary for us to require a security deposit in addition to the charges to rent the facility. This deposit fee is also to hold your date on our calendar: This deposit is refundable if there are no damages and the facility is properly cleaned.

\$350.00 Security Deposit refundable or partial refundable upon approval from Executive Director of Hilton

Renter's Signature: _____

Renter's Printed Name: _____

(Upon signing this I am stating that: I have read, understand and agree to the terms of the contract.



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Office Use Only:

Name on Rental: _____

Date of Initial contact about rental; (Penciled in on Calendar): _____

Date of Event (when the venue is needed): _____

Security Deposit Received: \$ _____

Date Security Deposit Received: _____

Payment Received and Date: \$ _____ Date: _____

Total Monies Received: \$ _____

Check / Cash Check # _____

Key Code given: _____

Date Code given: _____

Security Deposit Returned (Amount and Date): _____ (Date): _____

Signature of renter upon key return and receipt of security deposit.

(Approved by): Tammy Douglas, Executive Director