

Byron Municipal Complex Facilities RENTAL AGREEMENT Auditorium

Name: _____ Company/Organization: _____

Phone Number: _____ Cell Number: _____

Address: _____

Date of Function: _____

Type of Function: _____

Hours of Event: _____

Expected Attendance: _____

Will Food Be Served: _____

Equipment Needed:

Number of tables _____ Number of chairs _____ Number of microphones _____

If you need a specific arrangement of tables, please draw a diagram or description on provided layout sheet.

Deposit will be refunded within 7 business days after walk-thru inspection has been completed.

Please make checks payable to the **City of Byron**.

Name _____ Signature _____ Date _____

Rental Fee received date _____ Amount _____ Check # _____ Cash _____

Damage Deposit received date _____ Amount _____ Check# _____ Cash _____

Auditorium Venue Pricing

Weekday Rental

Monday-Friday 8:00am-5:00pm
\$100 per day

Evening/Weekend Rental

Monday-Friday 5:00pm-until
Saturday & Sunday All Day
\$200 per day

Deposit

\$400