

Victoria Art League, Inc.
Bridge St. Art Gallery
361-572-0825
Venue Rental

RENTER INFORMATION

NAME(S): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALTERNATE PHONE: _____

VAL MEMBER? (INDIVIDUAL, FAMILY, BUSINESS): _____ NON-PROFIT?: _____

15% DISCOUNT APPLIED FOR VAL MEMBER OR NON-PROFIT

EVENT INFORMATION

TYPE: _____ DATE: _____ TIME: _____

IF WEDDING, PROVIDE WEDDING PARTY NAMES: _____

CONTACT PERSON & PHONE (IF DIFFERENT): _____

VENUE INFORMATION

8-HR RENTAL(MAXIMUM): GALLERY \$400 _____ PATIO \$400 _____ BOTH \$700 _____

8-HR RENTALS ARE FROM 4PM – 12AM

4-HR RENTAL(MAXIMUM): GALLERY \$125 _____ PATIO \$125 _____ ANNEX \$100 _____

4-HR RENTALS ARE SMALL PARTY RENTALS-50 PEOPLE OR LESS

ADDITIONAL SET-UP TIME REQUIRES A \$100 FEE (day prior to event): _____

OF GUESTS EXPECTED: _____ EVENT OPEN TO THE PUBLIC: _____

ALCOHOL TO BE SERVED: _____ (TABC REQUIRES PERMIT IF ALCOHOL WILL BE SOLD)

CATERER: _____ CATERER CONTACT INFO: _____

(HEALTH DEPT. REQUIRES LICENSED CATERERS TO POST PERMIT IF MEALS ARE SOLD)

PAYMENT INFORMATION (PLEASE INITIAL WHERE REQUIRED)

_____ \$200 DEPOSIT (REGULAR EVENT) _____ \$100 DEPOSIT (SMALL EVENT RENTAL)

DEPOSIT SECURES VENUE RENTAL-CANCELLATIONS MUST BE WITHIN 14 DAYS TO RECEIVE REFUND

_____ REMAINING BALANCE OF _____ IS DUE BY _____

BALANCE MAY BE PAID IN INSTALLMENTS (PAYMENTS RECORDED ON REVERSE SIDE)

RENTAL SIGNATURE: _____ DATE: _____

VAL REP SIGNATURE: _____ DATE: _____

PAYMENT HISTORY

AMOUNT: _____ RECEIPT #: _____ DATE: _____
METHOD OF PAYMENT: _____ CHECK OR CREDIT SLIP #: _____
CHECK OR CARDHOLDER NAME: _____
BALANCE DUE: _____

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CONTRACT AGREEMENT

I HAVE READ & AGREE WITH ALL THE TERMS OF THIS CONTRACT. I UNDERSTAND & WILL ABIDE BY THE GUIDELINES LISTED. I WILL HOLD THE VICTORIA ART LEAGUE, INC., ITS OFFICERS, & GUEST HARMLESS AGAINST ANY & ALL LIABILITIES.

PLEASE INITIAL _____

DATE _____