

SHBA CONFERENCE CENTER RENTAL AGREEMENT

Guidelines Received _____
Key color _____
Key returned _____

RENTER: _____ PHONE: _____

REPRESENTATIVE NAME: _____

TYPE OF EVENT: _____

DATES(S) AND TIME(S): _____

Agreements between SHBA and regular renters are automatically renewable each month unless cancelled by the renting party or SHBA within fourteen (14) days of next scheduled date. One-time renters are expected to remit deposit and estimate hours of use for rental rate upon signing of this agreement. Sunday events must start after 1 pm as there is a church using the facility Sunday morning.

The above-named renter agrees to rent the SHBA Conference Center on the date(s) and time slots shown for **rental fee** of \$_____ (one time use)

RENTAL PAYMENT: PAID AMT _____ one time Credit Card() Cash() Check ()
DATE _____ INIT _____

or per use for a total \$_____, payable ()monthly ()quarterly ()annually.

Make check payable to "SHBA" and mail to SHBA, 9701 Baird Rd., Shreveport, LA 71118.

Renter understands that the SHBA Conference Center is a TOBACCO AND SMOKE FREE facility, and hereby agrees to prohibit such products from use at any event held inside or outside the facility. Renter further agrees to abide by the Facility Rental guidelines (attached) which outline to deposits, clean-up, securing the facility, and return of key. Renter must notify SHBA representative if extension of the time shown above by two hours, or more is needed in case extended hours require adjustment of rental rate. Renter is required to give two weeks advance cancellation notice to avoid rental free obligation. Exceptions to advance notice of cancellation include unexpected medical emergencies, illness or death, severe weather such as tornado, ice or snow.

Renter assumes all responsibility for assuring social distancing for those attending this event and will not hold SHBA responsible for any illness that may be contracted as a result of this event.

_____Initials

ACCEPTANCE OF AGREEMENT

Rental Guarantor (Print): _____ (Signature) _____

Phone: _____ Address/City/State/Zip _____

Email: _____ Credit Card () Cash () Check ()

SHBA Authorized Acceptance _____ Date _____ **Security Deposit** Received (**\$100**)
Rental refunded _____



SOUTHERN HILLS BUSINESS ASSOCIATION

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