

Rental Rates

Member Rates: Non-Member Rates:		
2nd Floor Citizens Bank & Trust Auditorium		
Full Day: \$400	Full Day: \$800	
Half Day: \$200	Half Day: \$400	
Lunch Meeting (11:00 am-1:00 pm): \$150	Lunch Meeting (11:00 am-1:00 pm): \$300	
Evening Meeting (5:00 pm -7:00 pm) \$150**	Evening Meeting (5:00 pm -7:00 pm) \$300**	
3rd Floor Conference Room Sponsored by SouthState		
Full Day: \$200	Full Day: \$400	
Half Day: \$100	Half Day: \$200	
3rd Floor Recording Studio		
Hourly Rate: \$50	Hourly Rate: \$100	

*Full Day Rentals is up to 8 hours. Half Day Rentals is 4 hours or less.

**Any rental outside of 8:00 am to 5:00 pm Monday through Friday will have an additional staff fee of \$25 per hour.

CHAMBER OF COMMERCE

Winter Haven Chamber of Commerce Rental Agreement

Today's Date:			
Organization Name:			
Main Contact Name:			
Main Contact Phone Number	:		
Date(s) Needed:			
Time needed (include set up, clean up, event start and end time):			
Purpose/Type of Function:			
Please mark which you wo	uld like to rent:		
Citizens Bank & Trust Audi (2nd Floor) 122 Max Will you need use of our TV? *Available for all rentals	Sponsored by SouthS 12 Max		cording Studio
Room Layout for Citizens Banl (Please refer to maps provide		ıbles and chairs are needed	for the rental)
U-Shape	Square	Classroom	
(seats 24)	(seats 32)	(seats 60)	
Breakfast S	•	Theatre Style	
(seats 80)	(seats 120)	(seats 122)	
Please indicate below what	you would like the welcome si	ign to read in the Lobby:	
The proposed caterer:			
*vendor must be a Chamber mem	ıber; please see list provided		

Payment Information

Amount Due:			
	**Payment is due 5	business days prior to the e	vent
Payment Method:	Credit Card		Ck se make checks payable to er Haven Chamber of Commerce
Credit Card Informatior	ו:		
MasterCard	VISA		Discover
Card Number:			
Name as shown on the	card:		
Expiration date:	CVV cod	de:	
Billing zip code:			
Electronic signature (e	nter name of cardh	older)*	
	agree to be charge nt, the LESSEE affirms of Rental on Page 4 d	and agrees to abide b	unt. er Haven Chamber of by the requirements as
LESSEE (Company):			
Signature of officer with	n authority to accep	ot responsibility for the	e LESSEE:
Printed Name and Title	:		
Date:			

Winter Haven Chamber of Commerce Conditions of Rental

Before leaving, LESSEE MUST SEE THAT:

- 1. All chairs and tables are clean and placed back in the layout they were found in.
- 2. Lights in the auditorium, boardroom, kitchen and bathrooms are off.
- 3. All leftover food and drinks must be cleared from counters and refrigerator and taken away when you leave the building.
- 4. Empty all garbage and trash in green bins located outside in the northeast corner of the back parking lot.

PLEASE DO NOT:

- 1. NO SMOKING is permitted inside the building, on the balconies, or in the breezeway.
- 2. Do not drag the tables on the floor.
- 3. Do not use tape, tacks, nails, staples or anything else on the walls, woodwork or floors.
- 4. Do not remove Chamber furnishings or equipment from the building.
- 5. No cooking is permitted on the premises. The kitchen is for catering/serving food only.

GENERAL:

- 1. We do not provide paper towels, plates, utensils, napkins, coffee/soda/water (found in cabinets or refrigerators) or any supplies found inside the building. These items are property of the Winter Haven Chamber of Commerce and are not part of the rental agreement.
- 2. The Winter Haven Chamber of Commerce is not responsible for articles LESSEE brings in.
- 3. The LESSEE is responsible for any and all damages to the Winter Haven Chamber of Commerce building and/or furnishings resulting from the rental and use of the premises.
- 4. The LESSEE agrees to indemnify, defend, and hold the Winter Haven Chamber of Commerce, officers, employees, and agents harmless of and from any liabilities, costs, penalties, or expenses arising out of and/or resulting from the rental and use of the premises.

PAYMENT/CANCELLATION POLICY:

Payment is due 5 business days prior to the event. If failed to meet this deadline the rental will be considered canceled due to non-receipt of payment.

I have read the above Conditions of Rental and agree to abide by the statements stated.

Printed Name	
Signature	
Date	