

**CALLAWAY ARTS AND CONFERENCE CENTER**  
**500 CALLAWAY PARK WAY CALLAWAY, FL 32404**  
**Office: (850) 874-0031/Fax: (850) 874-9977**

Date of Event: \_\_\_\_\_  
 Client Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

<u>CALLAWAY RESIDENT/NON-PROFIT GROUP CHARGES:</u>	<u>Fri-Sun</u>	<u>Mon-Thur</u>	
Auditorium/Callaway Room Lg.-Full Day	\$385.00	\$192.50	\$ _____
Auditorium-1/2 Day	\$330.00	\$165.00	\$ _____
Kitchen Rental w/ Auditorium Rental	\$ 55.00	\$27.50	\$ _____
Kitchen Rental Only	\$110.00	\$55.00	\$ _____
Meeting Room/Florida Room Sm.-Full Day Rental Only	\$110.00	\$55.00	\$ _____
<b>Additional Security Fee of \$50 per hr. minimum of four hours required if alcohol other than a champagne toast is to be served.</b>	\$ 50.00 hr.	x _____	\$ _____
Overtime Charge (s) per hr. past 9pm	\$ 25.00 each	x _____	\$ _____
Clean Up Fee (per hour) ( per employee)	\$25.00	x _____	\$ _____
Dance Floor	\$ 40.00		\$ _____
Projector Usage	\$ 40.00		\$ _____
Laptop Computer	\$ 40.00		\$ _____
Tablecloths	\$ 8.00 each	x _____	\$ _____
Cloth Napkins	\$ .50 each	x _____	\$ _____
Skirts	\$ 8.00 each	x _____	\$ _____
Chair Covers	\$ 2.00 each	x _____	\$ _____
Chair Sash	\$ .50 each	x _____	\$ _____
Chafing Dishes	\$ 6.00 each	x _____	\$ _____
Sterno	\$ 1.00 each	x _____	\$ _____
Coffee Maker 30/40 Cup	\$ 10.00 each	x _____	\$ _____
Beverage Dispenser	\$ 6.00 each	x _____	\$ _____
		Sub Total:	\$ _____
		SALES TAX 6.7%:	\$ _____
		GRAND TOTAL:	\$ _____

**No sales of alcohol permitted and no consumption of alcohol outside of the building. Client is responsible for complying with all Federal, State and local alcoholic beverages law, if applicable.**

**I fully understand I am responsible for cleaning the building, leaving it in the condition found prior to rental.**

Clients Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment Received by \_\_\_\_\_ Date \_\_\_\_\_