



NEILL-COCHRAN HOUSE MUSEUM

CONTRACT AGREEMENT

This is a binding contract when signed by two Parties.

Contract Information

Contracting Party: _____
(please print)

Address: _____

Phone number: _____ Cell phone number: _____

Email: _____ Fax: _____

Event Information

Date: _____ Attendance: _____

Start Time: _____ Anticipated Finish Time: _____ Prep Time: _____

Package Selection: _____ Amenities/Services: _____

Rental Fee	Discount	Fees		Total

Amount Paid at Contract Signing: _____ Balance: _____ Due Date: _____

By signing below, I acknowledge that I have read the Neill-Cochran House Museum rental guidelines and am responsible for abiding by them. I further acknowledge that if I cancel my rental 90 prior to the event date I am still financially responsible for 25% of the base rental fee, to be paid within five days of cancelation. The penalty for canceling within 90 days of the event date is 50% of the base rental fee. I understand that I will be notified of any unanticipated preparation work necessary as a result of my rental and those hours will be billed to me at the rate outlined in the fee schedule. My signature gives NCHM staff permission to bill all unanticipated preparation work, event overage, and damage fees to my credit card immediately following the event.

Contracting Party's signature _____
Date

Cecille Marcato, NCHM Director _____
Date

Damage Deposit Information

Credit Card Number: _____ Exp: _____

Billing Information (if different from above): _____

Additional Prep Work	Event Overage	Damage Withheld	Total