

Fountain of the Sun Association (FOSA)

FACILITY RENTAL AND RESERVATION AGREEMENT

For Room Rentals/Reservations • Phone: 480-380-4000 • Fax: 480-380-7005

This agreement made this _____ day of _____, 20____, by and between The Fountain of the Sun Association, herein referred to as "FOSA", and _____ herein referred to as "the lessee". FOSA and the lessee in consideration of the mutual covenants hereinafter set forth agree as follows:

EVENT DATE: _____ **TYPE OF EVENT:** _____ Private Function Community Event

FOUNTAIN OF THE SUN RESIDENTS ONLY: LESSEE and CONTACT NAME

ADDRESS _____ STATUS OF ACCOUNT current not current

HOME PHONE _____ CELL PHONE _____ EMAIL _____

ADD'L CONTACT NAME _____ CONTACT PHONE _____ RELATIONSHIP _____

CHECK AREA RESERVED: Maximum Occupancy Strictly Enforced

Activity Center Kitchen Poolside Room Lakeview Room Card Room
(Maximum Capacity 485) (Maximum Capacity 20) (Maximum Capacity 120) (Maximum Capacity 60) (Maximum Capacity 72)

TIME RESERVED: Facilities may be reserved or rented: Monday – Saturday 8:00 am – 11:00 pm, Sunday 8:00 am – 10:00 pm

Area Reserved From: _____ am pm until _____ am pm

Event Set Up Time: _____ Event Start Time: _____ Event End Time: _____ Check Out Time: _____
 am pm Guests Arrive am pm Guests Depart am pm am pm

TOTAL HOURS RESERVED: _____ NUMBER OF GUESTS: _____

EVENT INFORMATION:

1. Event Catered: Yes No _____ Catering Company _____ Contact _____ Telephone _____
Caterers Insurance on file at FOSA Office? Yes No
2. Equipment Rental – tables/chairs/decorations: Yes No _____ Rental Company _____ Telephone _____
3. Alcohol Served: Yes: BYOB Host Bar or No
 - a) All Community Events & Private Functions that charge an entrance or ticket fee require Liquor Liability Insurance & Special Event Liquor Permit to be provided by the lessee. BYOB events are covered under FOSA's insurance.
 - b) The lessee agrees to provide a Liquor Liability Insurance Certificate for a minimum of \$1,000,000 for the day of the event. A copy must be provided to FOSA at least 30 days prior to the event.
 - c) Fountain of the Sun Association, 540 S. 80th Street W., Mesa, AZ, 85208, must be listed as Additionally Insured on the Certificate of Insurance.
4. Entertainment/DJ/Band: Yes No Band Contact: _____
5. Facility set up sheet must be on file with FOSA Office a minimum of one week prior to the event.

SECURITY DEPOSIT

Card Room, Lakeview and/or Poolside Room \$100.00

Activity Center \$250.00

Refundable Deposit: A minimum \$100.00 deposit will be due upon rental of the facility and any remaining balance will be due 90 days before your event. The full deposit amount will be refunded approximately ten (10) to fourteen (14) business days after your event is held, contingent that you complied with the provisions of the Rental Contract, Rules & Regulations. The Security Deposit cannot be applied to your rental fee. The refund will be mailed to the address listed on the contract unless otherwise instructed.

Cancellation: Cancellations must be submitted in writing. A \$25.00 cancellation fee will be deducted from the security deposit if the event is cancelled within 30 days prior to the event.

DEPOSIT REQUIRED TO RESERVE YOUR DATE

TOTAL DEPOSIT DUE \$ _____

RENTAL FEES

Rental Fee: \$250.00 per day including set up and clean up time for the Activity Center.

\$250.00 per day including set up and clean up time for the Kitchen.

\$100.00 per day including set up and clean up time for the Poolside Room.

\$75.00 per day including set up and clean up time for the Lakeview Room or Card Room.

Additional Rental Items: Use of Stage Lighting \$25.00 (staff person required to turn on and off).

Microphone/AV Equipment set up \$25.00

Gas Grills \$25.00 – grills to be cleaned after use.

FEES DUE 30 DAYS IN ADVANCE OF YOUR EVENT

Total Fees Due \$ _____ by _____
Date Due

I, the undersigned indemnify and hold harmless The Fountain of the Sun Association and Board of Directors, and employees or agents of FOSA from any claim, liability or loss suffered by anyone attending the above event, even if the claim arises wholly or partially through FOSA's negligence or equipment failure. I will be in attendance throughout the entire length of the event, and understand that if I leave the event, the event will end, and the deposit will be forfeited and will not be returned to me.

I also understand that any damage to the property or the furnishings will be my responsibility and additional charges will be billed to me. I accept full responsibility for the conduct of my guests. I have read and fully understand the terms of this agreement and the policies set forth in the "Rules & Regulations" and by signing this document, I agree to adhere to all policies regarding the use of all facilities.

RESIDENT SIGNATURE

DATE

STAFF SIGNATURE

DATE

Deposit:	Date: _____	Check: # _____	Amount: _____	Staff: _____
Rental Fees:	Date: _____	Check: # _____	Amount: _____	Staff: _____
Rental Fees:	Date: _____	Check: # _____	Amount: _____	Staff: _____
Refund:	Date: _____	Check: # _____	Amount: _____	Staff: _____