



Memorial Auditorium Tables & Chairs Rental Form

Rental Information

Date Requested: _____

Return Date & Time: _____

Pick up Date & Time: _____

Location of Event: _____

Contact Person Information

Name: _____

Organization: _____

Address: _____

Phone Number: _____

City/Zip: _____

Alternate Phone: _____

Date: _____

Signature: _____

CHAIRS

Color Description

Requested X Price

Brown Plastic (about 190)

_____ X \$0.65 = \$ _____

BANQUET TABLES

Size Description

Requested X Price

6ft Grey (25)

_____ X \$6.00 = \$ _____

6ft White Lightweight Top (7)

_____ X \$6.00 = \$ _____

5ft Round White (12 available)

_____ X \$8.00 = \$ _____

30"x42" Round Cocktail Table (10)

_____ X \$6.00 = \$ _____

Deposit of \$50.00

Total Amount Due: \$ _____

*Delivery Fees are additional and are calculated according to individual travel distance.

Payment Information

Date Paid: _____

Amount Paid: _____

Payment Type: _____

Chamber Initials: _____

Notes: