

Payment Status.
Pd: _____ Date: _____
Balance: _____ Date: _____

Enterprise Events

1545 Laney Walker Blvd. Augusta, Ga. 30904 706-722-0796

Initials _____ I have read and agreed to all policies set in place by Enterprise Mill Event Center

Event Date _____ Today's Date _____

Name (or contact) _____ Phone _____

Company Name _____ Work Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

E-Mail Address (Optional) _____

Please place a * by the best number that you can be reached.

Other Contact _____ Relation _____

Home Phone _____ Work Phone _____ Cell Phone _____

Type of Event _____ Time _____

Licensed Caterer's Name _____ Bar Service _____ Bartender _____

Deposit Paid \$ _____ (non refundable) Balance \$ _____

Payment Method:

____ Visa ____ MC ____ AX Card # _____ X _____

Check # _____

Cash \$ _____

I, _____, have paid the non-refundable deposit of \$_____ to hold the date of _____ . I will pay, \$_____, the remaining balance due by _____. I agree to abide by all the rules and regulations, which are attached and made part of this contract. I will be responsible for removing all items that I have brought in at the end of the night. I understand that the room rental is for an 8 hour rental and any additional time that is needed a \$100 per hour rate will be applied. . I also understand that my room rental starts 3 hours prior to my event and all deliveries must be made during that time. If using another caterer, I agree to pay the \$10 per hour for an Enterprise Mill Event Center Staff member to be available during my 8 hour rental.

Printed name of Renter

Date

Signature of Renter or Contact

Enterprise Events Representative