Cancellation Policy: Written notice of cancellation must be received at least 31 days prior to the event for refund of rental and deposit fees paid, less a $25 processing fee. 30 -14 days prior to the event for refund of security deposit only, rental fees paid will be forfeited. 13 or fewer days prior to the event or for a no show of a rental; refund of security deposit, less a $25 processing fee, rental fees paid will be forfeited. In the event that a renter is a no show for the rental all rental fees will be forfeited and there will be a $25 processing fee assessed to the security deposit refund.
FOR OFFICE USE ONLY PLEASE

Reservation # ___________________

CT Needed: □ YES □ NO
Room Set Up Form Completed: □ YES □ NO □ NOT YET
(TACC, New Veterans Hall, and Simpson Rentals ONLY. Must be turned in 30 days before rental)

Total Rental Fee: $_________ Date Pd: __________ Staff Initials: __________

Payment Type - Receipt #: ___________ Ck#: __________ Cash ___ CC #: __________ Exp Date: __________

50% of Rental Fee: $_________ Date Pd: __________ Staff Initials: __________

Payment Type - Receipt #: ___________ Ck#: __________ Cash ___ CC #: __________ Exp Date: __________

Balance due 30 days prior: $_________ Date Pd: __________ Staff Initials: __________

Payment Type - Receipt #: ___________ Ck#: __________ Cash ___ CC #: __________ Exp Date: __________

Security Deposit: $_________ Date Pd: __________ Staff Initials: __________

Payment Type - Receipt #: ___________ Ck#: __________ Cash ___ CC #: __________ Exp Date: __________

Restricted Time Frame Fee (if necessary): $35 Date Paid: ___________ Staff Initials: __________

Receipt #: ___________ Ck#: __________ Cash ___ CC #: __________ Exp Date: __________

Non Profit Status verified (if necessary): Date: __________ Staff Initials: __________

Simpson Rentals Only

Date items requested __________ Staff Initials __________

<table>
<thead>
<tr>
<th>QUANTITIES</th>
<th>COST/Item</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dishware/Glassware: #___________ X_________ $_________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silverware: #___________ X_________ $_________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean up hours: #___________ X_________ $_________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extra Hours: #___________ X_________ $_________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL FEES $___________

Payment Type - Receipt #: ___________ Ck#: __________ Cash ___ CC #: __________ Exp Date: __________

Date Pd __________ Staff Initials ________________________________

Deposit Refunded: Date: __________ To: ________________________________

Invoice/Receipt #: __________ Staff Initials: __________