FACILITIES OPERATIONS - TABLE & CHAIR RENTAL FORM

TODAY’S DATE: ___________________________ EVENT DATE: ___________________________

PICK-UP DATE: ___________________________ (Note: Tables & chairs can be picked up by the Storeroom overhead door on the west side of the Physical Facilities building.)

DELIVERY DATE: ___________________________ (Note: Additional charges will apply. A work order must be sent through to Mike Bassett in order for your delivery request to be processed).

RETURN DATE: ___________________________

CONDITIONS OF RENTAL - PLEASE READ AND INITIAL:

________ I understand if item(s) are dirty, I may be charged.

________ I understand if item(s) are lost or returned broken, I will be charged for the replacement value of each broken or lost item(s) ($207.00 per table & $26.00 per chair).

________ I understand if item(s) are returned late, fees may be assessed for each day not returned.

________ I understand, as the signer, I am the person responsible for the condition and the prompt return of item(s) rented.

________ I understand I am responsible for providing my own labor for the pick-up and return of item(s) rented.

________ I understand that item(s) are not to be left outside or left unsecured overnight.

________ I understand that item(s) may be picked up & returned Monday - Friday, 8:30 a.m. - 12:00 p.m. and 12:30 p.m. - 3:30 p.m. only. Item(s) returned after hours will incur charges. Exception: No charge for Saturday & Sunday if picked up on a Friday and returned on the following Monday.

NAME OF EVENT: ______________________ WILL YOU BE ATTENDING? Yes or No

LOCATION WHERE ITEM(S) WILL BE USED: ___________________________

TABLES (8’) QTY: _____ (limited 6’ round tables available upon request) QTY: _____ CHAIRS QTY: ______

YOUR NAME (PRINTED): ____________________________________________________________________________

PHONE: ______________________________________ EMAIL: ________________________________

BILLING ORGANIZATION: __________________________________________________________________________

BILLING ADDRESS: ______________________________________________________________________________

MOCODE (S&T ONLY): __________________ PS ACCT. (S&T ONLY): __________________

MAKE CHECKS PAYABLE TO: Missouri University of Science & Technology

SIGNATURE

RETURN FORM TO: Missouri S&T • Facilities Operations • 901 Facilities Avenue • Rolla, MO 65409

CONTACT INFO: Penny Roberts @ 341-4036, Email: robertsp@mst.edu / Mike Bassett @ 341-4044, Email: bassettmr@mst.edu / or call Bob Lewis @ 341-4052, Email: lewisrobe@mst.edu / Tonya Land @ 341-4325, Email: landt@mst.edu
Missouri S&T Affiliated Group(s) Only

Rental Fee

<table>
<thead>
<tr>
<th>TABLES - 8’ (OBLONG ONLY)</th>
<th>1ST DAY</th>
<th>2ND DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>FULL PRICE</td>
<td>$6.00 EA.</td>
<td>$3.00 EA.</td>
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</table>

<table>
<thead>
<tr>
<th>CHAIRS</th>
<th>1ST DAY</th>
<th>2ND DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>FULL PRICE</td>
<td>$1.00 EA.</td>
<td>.50 EA.</td>
</tr>
</tbody>
</table>

No charge for Saturday & Sunday if picked up on Friday and returned on the following Monday.

REPLACEMENT COSTS:

TABLES: $207.00 EA.

CHAIRS: $26.00 EA.