

Office: (408) 873-0900 Email: pianosales@svpiano.com www.siliconvalleypiano.com

Yuma Performance Hall Rental Agreement

Lessee Details			in Kentai Agreeme	Date:/_	1
First & Last Name:		Music	School/Organization:		
	y Phone#: Second				
*Email:					
Event Details					
Event Details Event Date: /	/ (dav:) Event Time:			
Event Date:/_ Purpose of Use: Expected Number of Particip		, =			
Expected Number of Particip	oants (Maximum C	apacity=100)			
 The minimum time then be charged the returned to its origin. The Lessee agrees property damage, respectively. Available dates: explanage/Loss SVP is not respons facility and the parkeness. Each Lessee is responsed. 	se facility and is report of the Lessee must report	non-assignable: Lessee will be availent the facilities is at rate. A Security security deposit candinated are or event overtimate, or event overtimated are of his/her ging &/or replacing a	illable to use for the purposition of the purposition of \$250 is require an be refunded dependent on and is responsible for a me.	ose mentioned in agreeme beyond the agreed to ensure that the list on the post-event additional charges referty arising from the sangligence or that	reement. eed amount will facility is inspection. elated to use of the SVF
supplies left or stor Other: Decorating may be that will deface sure Decoration must not No food and drinks No Pets are allowe Cancellation Policy: All Cancellations mour office (408) 873	eport any damage ed by the Lessee of done only in such faces. All decorating the involve the piance are permitted in the dinside the facility sust be in typed/wria-0900.	on SVP property. a manner and sho ng materials must b ne SVP facility exce tten format via em	ail to pianosales@svpiano	tacks, thumbtacks, te termination of the	nails or tape event.
 Security Deposit of 	\$250 will not be re	efunded for no sho	W.		
	Type of room		Rental Fee (3hours)	Add Time:	
1 Package #1 C. Bechstein		\$650	\$125		
Package #2 W. Hoffmann Grand			\$450	\$ 75	
3 Package #3 C. Bechstein and W. Hoffmann Grands			\$825	\$ 175	
Agreed Total Hours:				hours	\$
Security Deposit:			(Refundable after the event if there is no loss/damage/no show) \$ 250		\$ 250
Payment Method Wire Transfer / Check / Credit *card payments Visa or MC, check or wire					
Grand Total:					\$
In witness whereof, the 20 and agrees to a the facilities for #	Il the terms, cond	ditions, and price	this Agreement on thi s written on this agreen ne time of the event exte	nent. Lessee ackno	owledges to us

SVP Rep: x_______