

Silicon Valley Piano 1520 S. De Anza Blvd., San Jose, CA 95129

Office: (408) 873-0900

Date: ____/___/____

Email: pianosales@svpiano.com

www.siliconvalleypiano.com

Practice / Recording Studio (1 person)

Yuma Performance Hall - Rental Agreement

Lessee Details				
First & Last Name:	*Primary Phone#:			
Secondary Contact (email):				
Practice Room Details				ly. parking space by e or that of its duled time frame. n advance if you
Practice Date://	(day:) Event [·]	Time: ~		
A. This Agreement is between Silicon Valley Piano's YUM	IA Performance Hall ("SVP") & agrees to the following	to use facility and is non-assi	gnable:
• The following piano(s) chosen by the Lessee	will be available to use for t	he purpose of a practice/re	cording room.	
 The payments will be made according to agree 	d hours. Any additional time	beyond the agreed amount	will be charged hourly.	
 SVP is not responsible for any loss, damage, i the Lessee of his/her guests. Each Lessee is representatives and/or invitees on the following: 	responsible for repairing &/o	r replacing any damage cau	sed by the negligence or that	of its
 <u>No_Decorations</u> should be set up during your a 	agreed hours.			
 <u>No food and drinks</u> are permitted in the SVP f 	facility except bottled water.			
 <u>No Animals</u> are allowed inside the facility. 				
Scheduling Availability:				
 Every day of the week is available to schedule would like to request a time earlier or late that 		, ,	moons. Please call in advance	if you
 All Scheduling must be confirmed and paid fully 	y to the store via phone / e	mail 24 hours before the	e reservation date.	
Availability:				
0 Monday ~ Thursday 11:00 am ~ 6				
O Friday & Sunday 10:00 am ~ 5:00	0 pm			
Cancellation Policy:				
 All Cancellations must be in typed/written forma Full Refund = 48 hours before the signed-up No Refund = the day of rental and no show 		vpiano.com or informed by p	phone to our office (408) 873	3-0900.
(Select One or Two)	C. Bechstein C234	W. Hoffmann	Both Pianos	

(Select One or Two)	C. Bechstein C234	P188	
Practice Room	\$ 60/hr	\$ 50/hr	\$100/hr
Agreed Total Hours:	hr(s)		\$
Payment Method (circle one)	Wire Transfer / Check / Credit Card		
Grand Total:			\$

In witness whereof, the parties have signed and sealed this Agreement on this ____ day of _____, 20____ and agrees to all the terms, conditions, and prices written on this agreement. Lessee acknowledges to use the facilities for #_____ hours only and agrees to pay if the time of the event extends.

SVP Rep: x_____ Lessee:

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