KONA HISTORICAL SOCIETY
FUNCTION SPACE
Rental Contract

Contact: _____ **Telephone:** _____ **Fax:** _____

Address: _____ **Email:** _____

Booking Date: _____ **Group Name:** _____

Day/Date of Function: _____ **Type of Function:** _____

Duration of Function: _____ **Prep Time:** _____

Pax Count: _____ **Fee Quote:** _____

SPECIAL REQUIREMENTS:

_____ Liquor Permit **_____ Photography** **_____ Fire Permit**

REVIEW DATES:
90-Day Review/Booking Date: _____
60-Day Review/Booking Date: _____
30-Date Review/Final Paymt: _____

Notice: The signed, original copy of this contract must be received in our office no later than thirty (30) days from the date of booking. If contract is not returned by this date, this space will be held on a first-come option basis, this booking will be considered void and space outlined above will be released for re-booking. Signing this agreement indicates the acceptance by the signators of all information, terms, and conditions outlined above.

Agreed By: _____ **Accepted By:** _____

_____ _____
Title **Date** **Title** **Date**