



**KONA
HISTORICAL
SOCIETY** 3

Preserving Kona's Stories

**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: _____

Fee Paid:\$ _____

60-Day Review/Booking Date: _____

Fee Paid:\$ _____

30-Day Review/Final Paymt: _____

Fee Paid:\$ _____

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**