

Pleasant Mount Emergency Services - Schedule A

Person/Name of Organization (Lessee): _____
 Contact Person(s): _____
 Phone Number: _____
 Cell Phone: _____
 Address: _____

Type of Event to be held: _____
 Premises Being Rented**: _____

**When renting both premises at the same time, separate contracts and fees apply to each.

	161 Great Bend Tpke, Pl Mt	Date	Date	Time	Time	TOTAL
	Amount	From	To	From	To	
H.Q. Meeting Room						
\$100 for 1st 5 hours						
\$25 for each additional hour						
Dining Room						
\$100 for 1st 5 hours						
\$25 for each additional hour						
Kitchen						
\$100 for 1st 5 hours						
\$25 for each additional hour						
*Parking Area only						
Single Space						
Up to 12 hours						
Overnight						
Weekly						
Up to 5 Spaces						
Up to 12 hours						
Overnight						
Weekly						
Entire Parking Area						
Up to 12 hours						
Overnight						
Weekly						
TOTAL Rental Fees						_____

50% Deposit _____
 \$150 Security Deposit _____
Due upon signing of Contract: _____

Balance due on day of Event _____

*Parking Area is included in the 5 hour rental of the Meeting Room, Dining Room and kitchen only for the dates and times specified.