



Conference Room Rental Agreement

CONFERENCE ROOM MEETING SPACE

Check the arrangement that works best for your group:

- School Room (2 per table) 8 tables 16 people
- Theatre (no tables) 50 chairs 50 people
- Conference 1 oval table 18 people

Set-up

Comments _____

ADDITIONAL SERVICES AVAILABLE

- Water service available upon request, no additional charge
- Starbucks Coffee airpot \$12 each ___ pots (Reg or Decaf) @ \$12= _____
- Grille Catering (contact Kip Cullen at 792-0277) _____ = \$ _____

Check the media services your group requires:

- TV with VCR / DVD \$10 _____
- Projection & Screen (bring your own laptop) \$10 _____

This room has WiFi. Use of whiteboard or Easel with Paper is complimentary.

RENTAL PRICE & PAYMENT

Members: \$50/hr, \$25 each ad'l hour or \$150 daily _____ hrs @ _____

Non-Members: \$100/ hr, \$25 each ad'l hour or \$225 daily _____ hrs @ _____

Please return form with payment, checks made out to Franco's:

Julie Hudson, Franco's, 100 Bon Temps Roulé, Mandeville, La 70471 TOTAL DUE _____

or fax to (985) 792-0333 fax jhudson@myfrancos.com DEPOSIT - _____

Please call with questions: (985) 792-0247 direct, (985) 792-0200 main **BALANCE** _____

RENTAL DATE: _____ RENTAL TIMES: _____

Name: _____

Business or Group: _____

Contact Phone: _____ Fax: _____

Address: _____

Billing Information: Non-refundable deposit of \$100 is requested one week in advance. Balance is due at time of event. Make all checks payable to Franco's.



Franco's Guest Waiver & Liability Statement

I desire to voluntarily utilize the services and, if applicable, facilities and equipment provided by Franco's Athletic Club. As a consideration for the right and privilege of being permitted access to Franco's Athletic Club, and if applicable, facilities and equipment, I do hereby release Franco's Athletic Club, its owners, agents and employees from any and all liabilities of any kind whatsoever arising out of any physical or mental injury or damage incurred or sustained by myself or my property, while voluntarily preparing to use, using or cleaning up after using, any of the services and applicable facilities and equipment provided by Franco's Athletic Club, and furthermore, agrees to save and hold harmless Franco's Athletic Club, its owners, agents and employees, for any damages or injuries arising out of my use of the facilities, equipment and/or services.

I, the undersigned, or the school I represent, will be responsible for any damages sustained to the facility. Any lost equipment or damages sustained to Franco's property shall be compensated within seven days.

I agree that this reservation is granted with the understanding that Franco's may cancel if the facility is not usable due to an unforeseen circumstance. In this case, an alternate date will be scheduled or all monies paid will be refunded.

In signing this waiver, I certify I have read and understand and will abide by the facility rules and regulations

By signing below, guest agrees to everything on this Agreement.

Guest's Signature _____ Date _____

Guest's Name (printed) _____

Franco's Athletic Club Club Rep _____ Date _____