

Friends of Hilltop Arboretum
Event Application
Complete and return to: hilltop@lsu.edu

Event Date _____

Renter Name _____ Email Address _____

Organization Name _____

Street Address _____

City, State, Zip _____

Phone (Cell) _____ Phone (Other) _____

Event Type: Wedding Reception Other _____

Guests _____ (Parking is limited, if number is 40+, guests must carpool.)

Will alcohol be served? Yes No Do you need an invoice? Yes No

- General Public Weekday General Public Weekday Evening/Weekend
 LSU/Non-Profit* Weekday LSU/Non-Profit* Weekday Evening/Weekend

Set-Up Time _____ AM/PM to _____ AM/PM

Event Time _____ AM/PM to _____ AM/PM

Take Down Time _____ AM/PM to _____ AM/PM

Total Rental Time _____ AM/PM to _____ AM/PM

Event time is limited to **three hours** not including set-up and take down.

*To receive the Non-Profit rate, Non-Profits must submit a copy of their 501(c)(3).

Charges

Rental Rate \$ _____ For: Library Pavilion Auditorium

Additional Hours \$ _____ For: ___ # Hrs Library Pavilion Auditorium

Rental Total \$ _____

Refundable Deposit \$ 500.00 For: Cleaning and/or Overtime. The deposit also may be forfeited for the rental party's failure to strictly comply with Agreement for Use of Facilities and Premises

Friends of Hilltop Arboretum
Event Application (cont.)

Name: _____

Event Date: _____

Payments Record

Refundable Deposit Payment

\$ 500.00 _____

Date Paid _____

Payment Type: Credit Card Check # _____ Cash

Rental Payment

\$ _____

Date Paid _____

Payment Type: Credit Card Check # _____ Cash

Rental Payment

\$ _____

Date Paid _____

Payment Type: Credit Card Check # _____ Cash



Signatures

Renter

Date

Hilltop

Date



Notes: _____
