

Chair/ Table Rental Agreement

This form must be completed and presented to a Trustee or Office Staff accompanied by payment for rental and deposit.

Name of LSPOA Member _____

Mailing Address _____

Phone Number _____

Rental (\$20.00 up to 30 Items/\$25.00 over 30 Items)

Deposit # of chairs at \$10.00 each \$ _____

of lodge tables at \$50.00 each \$ _____

Total= \$ _____

Date to be picked up _____ Date to be Returned _____

Member is responsible for picking up and returning tables and chairs. Make sure trustee of office staff is present when returning. This must be done during business hours!

I agree to deposit as per above amount. I understand that this deposit will be refunded in full upon return of undamaged chairs and/or tables

Signature of LSPOA Member

Office Use ONLY

Received by: _____

Date: _____

☐

Cash

☐

Check # _____

I find the Tables and/or chairs in condition acceptable to me and refund of deposit may be made. _____ (Office Staff Signature)

☐

Deposit Returned

☐

Deposit Shredded

Signature of Returning Office Staff _____

Signature of LSPOA Member _____