

EVENT PRICING SHEET

Event Name		Event Date	
Client Name		Email	
Client Phone		Attendance	
		Set-up	
Address		Start Time	
City/State/Zip		End Time	

Weekend/Holiday	4 Hours	8 HOURS	12 Hours	Room Lease Costs
Main Room	\$400	\$700	\$1,000	
Meeting Room	\$250	\$450	\$650	
Conference Room	\$100	\$150	\$200	
Kitchen	\$100	\$100	\$100	
All Facility Rooms	\$850	\$1,400	\$1,950	

Sub-Total			\$0.00
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Monday-Thursday	4 Hours	8 HOURS	12 Hours	Room Lease Total Costs
Main Room	\$200	\$300	\$500	
Meeting Room	\$100	\$150	\$200	
Conference Room	\$75	\$100	\$175	
Kitchen	\$100	\$100	\$100	
All Facility Rooms	\$475	\$650	\$975	

Sub-Total			\$0.00
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Rates for Additional Time

Rates for More Time	Per Hour	# of Hours	Additional Time Costs
Add'l. Rm Hour MON-THURSDAY	\$50		\$0.00
Add'l. Rm Hour WKEND/HOLIDAY	\$100		\$0.00

Sub-Total			\$0.00
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Prices for Additional Services

Prices for Additional Services	Per Hour	# of Hours	Additional Services Costs
(This is Mandatory for Events after 5:00 pm)	\$50.00		\$0.00
Audio/ Visual Technician (3 hr. min.)	\$50.00		\$0.00

Sub-Total			\$0.00
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Prices for Insurance Coverage

Event Liability Insurance Min. / Insurance Rate + 10% Process Fee	\$0.00
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Sub-total FULL Rental Package with Insurance

Sub-Total Due for Rental , Security, Insurance and Audio/Visual Tech	\$0.00
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6% Sales Tax	\$0.00
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Detailed Explanation of Deposit and Service Fees

Administration Fee	\$65.00
Building Maintenance Fee	\$85.00
No Damage Refundable Deposit	\$100.00

Sub-Total	\$250.00
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TOTAL DUE \$250.00

Florida Sales and Use Tax Sales Tax

Each sale, admission, storage, or rental in Florida is taxable, unless the transaction is exempt. Sales tax is added to the price of taxable goods or services and collected from the purchaser at the time of sale. Florida's general state sales tax rate is 6%. Website: <https://floridarevenue.com/taxes/Pages/default.aspx>

By signing this pricing sheet that this is not a binding contract. This is only used to confirm the estimated costs at the time of the reservation request. All event must be reviewed and approved by the HACFM Risk Manager before the event can be confirmed.

Lessee: _____ Date: _____

Carrrie Robinson Center representative: _____ Date: _____