



CITY OF CALLAWAY
CALLAWAY ARTS AND CONFERENCE CENTER
500 CALLAWAY PKWY, CALLAWAY, FL 32404
OFFICE: (850) 874-0031

Date(s) of Event:		Type of event:	
Contact Name:		Organization Name:	
Telephone:		Email:	
Address:	City:	State:	Zip:
Time In:	Event Start Time:		Time Out:

Callaway Arts & Conference Center Rental Fees

Pricing includes 6 consecutive hours between the hours of 8AM-12AM. Additional hours may be purchased by the renter.

Room Charges

**Returnable
Deposit**

Rental Fee

Callaway Room	\$300.00	\$600.00		\$ _____
Additional Hrs. (Callaway RM)		\$100.00	X _____	\$ _____
Florida Room	\$100.00	\$200.00		\$ _____
Additional Hrs. (FL RM)		\$40.00	X _____	\$ _____
Callaway RM W/ Florida RM	\$300.00	\$750.00		\$ _____

Add-ons

Security Fee w/ Alcohol Consumption (min 4 hours)		\$60.00 per hr.	X _____	\$ _____
Cleaning Fee (min 2 hours)		\$40.00 per hr.	X _____	\$ _____
Special Event Field Fee <100		\$150.00		\$ _____
(In addition to facility rental) 100+		\$300.00		
Dance Floor		\$40.00		\$ _____
Projector Usage		\$40.00		\$ _____
Laptop Computer		\$40.00		\$ _____
Tablecloths		\$10.00 Each	X _____	\$ _____
Table Runners		\$3.00	X _____	\$ _____
Cloth Napkins		\$.75 Each	X _____	\$ _____
Skirts		\$8.00 Each	X _____	\$ _____
Chair Covers		\$2.00 Each	X _____	\$ _____
Chair Sash		\$1.00 Each	X _____	\$ _____
Chafing Dishes		\$10.00 Each	X _____	\$ _____
Sterno Fuel (2 Per Chafer)		\$2.00 Each	X _____	\$ _____
Coffee Maker 30/40 Cup		\$10.00 Each	X _____	\$ _____
Beverage Dispenser		\$8.00 Each	X _____	\$ _____

Sub Total: \$ _____

Grand Total: \$ _____

Payment Method	Security Deposit ☐ YES ☐ NO	☐ Check #	☐ Money Order #	☐ Civic Pay
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I understand that I am responsible for cleaning and leaving the facilities in the same condition as prior to the rental. No sales of alcohol are permitted and no consumption of alcohol outside of the building. The client is responsible for complying with all Federal, State, and Local alcoholic beverage laws, if applicable.

Client's Signature: _____ Date: _____

Payment Received By: _____ Date: _____

Cancellations must be made in writing more than 30 days in advance from the reserved date to receive a partial refund.

An Administrative Fee will be automatically removed from the rental fee of \$50.00.

Cancellations must be made in writing less than 30 days in advance from the reserved date will forfeit the Security Deposit.

If cancelation occurs, the refund will take approximately 2-3 weeks to receive, via mail service.



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TERMS AND CONDITIONS

1. The Arts and Conference Center doors will be opened to the user no earlier than 7:00 AM Monday-Friday and 8:00 Saturday-Sunday. A Leisure Service Department employee will call the week of the event to confirm entrance and departure time. **We ask the user to please be punctual on arrival and departure times.**
2. The event must end early enough to allow for the premises to be cleaned and all property belonging to the City of Callaway to be put back in its proper location.
3. The user shall not remove, alter, or destroy any property or fixtures associated with the facilities. **THE USER SHALL NOT CAUSE HOLES OR ATTACH TAPE, COMMAND STRIPS OR TIES TO THE WALLS OR CEILINGS.** INITIALS: _____
4. **THE USER SHALL NOT USE OPEN FLAMES, SPARKLERS, GLITTER OR CONFETTI.** INITIALS: _____
5. Cleaning requirements **include ALL trash, including bathrooms, be placed in the dumpster behind the facility, sweep/mop kitchen and foyer when necessary, remove all food items, vacuum the rooms, and remove all personal belongings.** We ask users to leave the facility the same as when they arrived. INITIALS: _____
6. The user shall not allow any unlawful conduct. No alcoholic beverages of any type are allowed in the building or on the premises unless otherwise agreed upon beforehand when making the reservation. No excessively loud music or any other noises are allowed. INITIALS: _____
7. The user shall indemnify and save harmless the City from any damage, injury, or loss resulting from the use of the facilities by the requestion person, group, association, or organization.
8. The individual/organization who signs the damage agreement and statement of responsibility is responsible for the premises until checked out by a staff member.
9. The City is not responsible for any personal belonging left in the facility.
10. Following the use of the facility, after receiving cleaning verification, the security deposit will be returned to the renter via mail in the form of a check, less any deduction made by the City. The Leisure Services Department will determine an amount to be deducted from the security deposit if the building is left uncleaned and undamaged.
11. The damage deposit is not a liquidated amount for damages caused by the use of the facilities. The City shall retain the right to seek additional damages from the user should damage exceed the amount of the deposit.
12. The City holds the right to refuse or halt services to the client and/or their guests for illegal substances, rowdy, disruptive, or immoral behavior that does not reflect the views of the City of Callaway.
13. The City of Callaway retains the right to enter the premises at any time during the use of the facilities.
14. **Due to the facility falling within the boundaries of City Parks, in accordance with City Ordinance No. 1063, smoking or vaping is not permitted inside or outside the facility.** INITIALS: _____

User Signature: _____ Date: _____

CITY OF CALLAWAY FACILITIES USE INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

The undersigned for good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, agrees to the fullest extent permitted by law, to indemnify, defend, pay on behalf of, and hold harmless The City of Callaway (the “City”), it’s elected and appointed officials, its agents, employees, and volunteers and other working on behalf of the City from and against any and all claims, demands, suits, or loss, including any and all outlay and expense connected therewith, including reasonable attorney’s fees, and for any damages which may be asserted, claimed or recovered against or from the City, its elected and appointed officials, employees, volunteers or others working on behalf of the City, by reason of personal injury, including bodily injury or death, and property damages, including loss of use thereof, which arises out of or is in any way connected or associated with the undersigned’s use of the City’s facilities for the dates of _____ to _____, including acts or omissions by the undersigned’s members, agents, servants, officers, employees, representatives, independent contractors and their subcontractors, invitees, patrons, and suppliers. It is the intention of the parties that the City, its elected and appointed officials, agents, employees, volunteers, or others working on behalf of the City shall not be liable or in any way responsible for injury, damage, liability, loss, or expense resulting to the undersigned, its members, agents, servants, officers, employees, representatives, independent contractors, and their subcontractors, invitees, patrons, and suppliers due to accidents, mishaps, misconduct, negligence or injuries either in person or property of the City’s facilities.

Agreed to this _____ day of _____, 20____.

Client

City Staff



Callaway Arts and Conference Center Cleaning Requirements

1. Empty trash from restrooms.
2. Clean kitchen- mop, wipe down counters, sweep/mop floor, empty refrigerator, empty trash.
3. Vacuum room, including under tables and chairs
4. Wipe down tables

By initialing I agree and understand that I am responsible for cleaning and leaving the facilities in the same condition as prior to the rental.

Client's Initials: _____ Date: _____

Checklist Items	Satisfactory	Unsatisfactory
Men's Restroom-Trash		
Women's Restroom-Trash		
Clean stove, ovens, microwave		
Kitchen Counters		
Kitchen- Sweep/Mop Floor		
Empty Refrigerator		
Empty Trash Cans		

City Staff: _____

Client's Signature: _____



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Date(s) of Event: _____

Callaway Room Floor Plan

FLOOR PLAN TYPES (Check One):

Number of Guests: _____

☐ Banquet Style

(Max 180)



Comments: _____

☐ Theater Style/ Ceremony (Max 200)



Comments: _____

☐ Classroom Style (Max 160)



Comments: _____

☐ Cocktail Style (Max 300)

*Minimum to No
Tables/ Chairs*

Comments: _____

☐ Other Style

Comments: _____

Florida Room Floor Plan

FLOOR PLAN TYPES (Check One):

Number of Guests: _____

☐ Banquet Style

(Max 50)



Comments: _____

☐ Theater Style/ Ceremony (Max 50)



Comments: _____

☐ Classroom Style (Max 36)



Comments: _____

☐ Cocktail Style (Max 60)

*Minimum to No
Tables/ Chairs*

Comments: _____

☐ Other Style

Comments: _____

