



Antioch Historical Society
 1500 W 4th Street
 Antioch, CA 94509

Date of Event: _____
 Contact Person: _____
 Agreement Rcvd. By: _____
 Board Member: _____

Caboose Rental Agreement
 Phone (925) 757-1326

(Please Print)

Contact Person (NOTE: All arrangements will be made through this person only)

Date of Application: _____

Last Name: _____	First Name: _____
Organization (if applicable): _____	Non-Profit #: _____
Address: _____	City: _____ Zip Code: _____
Contact Phone: (____) _____	Email: _____

Rental Function Information **NOTE: #Numbers refer to P-2: Rental or Use of Buildings & Grounds Rules**

Caboose (20 Maximum)

Event Date Requested: _____ Circle one: Sun Mon Tue Wed Thu Fri Sat

Hours of Use: Set-up/Decorate Date: _____ a.m. / p.m. - _____ a.m. / p.m.
 Function Date: _____ a.m. / p.m. - _____ a.m. / p.m.
 Take down/Clean-up Date: _____ a.m. / p.m. - _____ a.m. / p.m. Total Hours of Use: _____

Type of Function: Meeting Wedding Anniversary Youth Birthday Adult Birthday
 Fundraiser Other: _____

Will alcohol be available? (#4) Yes No (Beer & Wine Only)

Will alcohol be sold? (#4) Yes No (Beer & Wine Only) If yes, ABC & RBS License required.

Will Security be required? (#4d) Yes No If yes, by whom? _____

Will food be provided? (#17) Yes No If yes, by whom? _____

Will there be decorations? (#12) Yes No If yes, please describe: _____

Will the function be open to the public? Yes No

Anticipated Attendance: _____ (#8) Number of Children in attendance: _____

I understand that the above date is being held pending Antioch Historical Society approval. The charges are estimates only and will be finalized at the final meeting. All agreements must be in writing, no verbal approvals or agreements.

Signature: _____ Date: _____

THIS IS A WAIVER AND RELEASE: READ IT CAREFULLY BEFORE YOU SIGN IT.

My signature certifies that I have read and received a copy of the General Rules and Rental Fees as set forth by the Antioch Historical Society P2-Rental or Use of Buildings and Grounds Policy dated November 29, 2023, governing the use as specified above; that I will take full responsibility for seeing that the use of these facilities/area by the organization/group I represent is in full adherence and compliance with the General Rules; that I hold the Antioch Historical Society harmless from any damage, claim for damage for personal injury or death, damage to or loss of property incurred in the use of these facilities/area; that if there are any minors in the group using the facilities/area, I will accept full responsibility for them throughout the period covered by this agreement with the Antioch Historical Society. . I HAVE READ THIS RELEASE AND RENTAL POLICY CAREFULLY. I UNDERSTAND AND ASSUME THE RISK INVOLVED. BY SIGNING, I GIVE UP MY RIGHT TO LEGAL ACTION AGAINST THE ANTIOCH HISTORICAL SOCIETY ITS OFFICERS, OFFICIALS, EMPLOYEES AND VOLUNTEERS. **I AGREE I WILL BE ONSITE DURING THIS EVENT.**

Applicant Signature: _____ Date: _____

Caboose Rental Agreement

Phone: (925) 757-1326

Date of Event: _____

Contact Person: _____

1. Government Agencies or other Historical Societies
(If not Government Agencies or other Historical Societies go to 2)

Description	Amount Due
Event Fee – Government Agencies or other Historical Societies (all areas)- \$150.00 per day	\$
Subtotal : (Then go to 3)	\$

2. Other Renters

Description	Amount Due
Rent –Caboose: Children’s Parties - \$75.00 per hour – 3 Hr. Maximum. Total hours of use: _____	\$
Adult Events - \$125.00 per hour – 2 Hr. Minimum: Total hours of use: _____	\$
Subtotal :	\$
Non-Profit 501(c)3, Active Military, AHS Board Members and Qualified Volunteers receive a 35% discount (Subtract 35% from Other Renters Subtotal)	()
Subtotal: (Then go to 3)	\$

Attachments:

- P-2: Rental/Use of Buildings & Grounds (4 pgs)
- F-52: Guide to Event Food Service on Museum Property/RS Guide to Recycling
- F-46: Zero Tolerance for Harassment or Discrimination

Form Distribution:

- Original to Rental Book
- Copy to Renter
- Copy to Rental Coordinator
- Copies to Office Manager, Bookkeeper, & Treasurer

Office use only:

Purpose and amount of Refund:		
Description	Amount	
Event Fee – Government Agencies or other Historical Societies	\$	If cancelled, date of cancellation: _____ Deduction explanation: _____ Refund authorized by: _____ Authorized date: _____ Refunded to: _____ Date of Refund: _____ Check number: _____ Amount of check: \$ _____
Rent	\$	
Deposit to hold date	\$	
Set-up/Take-down Fee	\$	
Table & Chair Rent	\$	
Security Deposit	\$	
TOTAL DUE	\$	

3. Other Fees

Description	Amount Due
Deposit to hold date (May be applied to rent)	\$100.00
Society Set up/Take-down Fee --\$100.00	\$
Set up-breakdown (other than day of the event) – \$75.00 per hour	\$
Subtotal: (Then go to 4)	\$

4. Rate Calculations

Description	Amount Due
Subtotal from 1 or 2	\$
Subtotal from 3	\$
Security Deposit (refundable barring damage or waste sorting)	\$200.00
TOTAL DUE (14 calendar days before event)	\$

Payments

Description	Check No.	Date Rcvd.	Rcvd. By	Amount Rcvd.
Deposit To Hold Date				\$
Remainder Balance Due Payment				\$
TOTAL Paid (14 calendar days before event)				\$