FRIENDS OF HILLTOP ARBORETUM
EVENT APPLICATION

Event Date ____________________

Renter Name ___________________________________
Email Address______________________

Mailing Address ______________________
City, State, Zip ______________________________________________________________________________

Phone (Cell) __________________________ (Other)__________________________________________

Event Type:  □ Reception  □ Wedding  □ Other ______________________

# Guests __________ Note: Parking Lot Has Limited Spaces (See Parking Layout)

Will alcohol be served?  □ Yes  □ No

□ General Public Weekday  □ General Public Weekday Evening  □ General Public Weekend

□ LSU/Non-Profit Weekday  □ LSU/Non-Profit Weekday Evening  □ LSU/Non-Profit 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

Events are limited to three hours (three and a half for a reception with a wedding ceremony).

---

CHARGES DUE

Rental Rate $ _____________ For:  □ Library  □ Pavilion  □ Auditorium  □ Imo Brown Facility

Additional Hours $ _____________ For:  __# Hrs  □ Library  □ Pavilion  □ Auditorium  □ Imo Brown Facility

Security Officer $ _____________ The LSU Hilltop Arboretum will hire a uniformed Officer at $45/hour for one hour prior to the “Actual Event Time” through “Take Down Time”. Calculate the cost and enter the figure.

Other $ _____________ Furniture, Complete Media DJ, etc. __________________________________________

Rental Total $ _____________

50% Payment $ _____________ Non-refundable, due at time of booking, balance due 2 weeks before event

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

TOTAL DUE $ _____________ To hold the date
FRIENDS OF HILLTOP ARBORETUM
EVENT APPLICATION

Name: _______________________

Event Date: ___________________

METHOD OF PAYMENT

Payment

$__________________________  Date Paid __________________________

Check # ____________  Billing Zip Code __________________________

Visa/MasterCard: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __  Exp. Date _________

Payment

$__________________________  Date Paid __________________________

Check # ____________  Billing Zip Code __________________________

Visa/MasterCard: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __  Exp. Date _________

SIGNATURES

___________________________________________  _________________________________  ____________
Renter                                      Date                                   Hilltop

NOTES:  ___________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Page 2
(Updated 12/2016)