Friends of Hilltop Arboretum
Event Application
Complete and return to: hilltop@lsu.edu

Event Date ____________________

Renter Name ___________________________________ Email Address______________________

Mailing Address ________________________________________________________________
City, State, Zip __________________________________________________________________

Phone (Cell) _________________________ Phone (Other)_______________________________

Event Type: □ Reception □ Wedding □ Other ______________________________

# Guests _______

Will alcohol be served? □ Yes □ No

□ General Public Weekday □ General Public Weekday Evening/Weekend

□ LSU/Non-Profit Weekday □ LSU/Non-Profit Weekday Evening/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 not including set-up and take down.

Charges Due

Rental Rate $ ____________ For: □ Library □ Pavilion □ Auditorium

Additional Hours $ ____________ For: ___# Hrs □ Library □ Pavilion □ Auditorium

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

Rental Total $ ______________

50% To Hold Date $ ______________

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
Friends of Hilltop Arboretum
Event Application (cont.)

Name: ______________________

Event Date: ______________________

Payments Record

Refundable Deposit Payment

$ 500.00 ______________________ Date Paid ______________________

Check # ____________ Billing Zip Code ______________________

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

Rental Payment

$ ______________________ Date Paid ______________________

Check # ____________ Billing Zip Code ______________________

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

Rental Payment

$ ______________________ Date Paid ______________________

Check # ____________ Billing Zip Code ______________________

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

Signatures

___________________________________________ _________________________________

Renter Date Hilltop Date

Notes: _______________________________________________________________________

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