Oxford	Community	Center Rental	Agreement
UNIOIU	Community	Genter Rental	ngreement

200 Oxford Rd, PO Box 308 Oxford, MD 21654 410-226-5904

+ This Rental Agreement is made this day March 12_, 2024 by and between Oxford Community Center, Inc. (OCC)

(Lessor) and Georgetta Camacho (Lessee) to secure space for an event located at the OCC.

LESSEE CONTACT INFOR	MATION			
Georgetta Camacho Name or Organization Na	ame	Non-Profit (501c3 paperwork	must accompany contract to rece	ive 15% discount)
410-924-0850 Contact Cell Phone Num	ber	peedee1959@yaho Email Address	oo.com	
Full Mailing Address				
RENTAL INFORMATION				
Type of Function:				
Date of Event:	Time of Ever	nt: A	rrival Set-up Time:	
Number Attending:	_ Food Served: Y N	Catered? Y N Ca	aterer Name	
Alcohol Served? So	ld? Included in t	tickets sales?	Beer Wine	Distilled
		-	t insurance including liquor liabil for details and deadlines.	ity coverage is required if
Music? Live	Recorded	L I		
A. Rooms Request	ed		i	
ТҮРЕ	2024 RATE/4-HRS	2024 RATE/8-HRS	2024 NON-PROFIT RATES	BOOKED
Auditorium	\$500	\$850	4hrs - \$425 / 8hrs - \$720	
Hospitality Room	\$275	\$495	4hrs - \$235 / 8hrs - \$420	
RM 2	\$150	\$275	4hrs - \$130 / 8hrs - \$235	
RM 4	\$125	\$165	4hrs - \$105 / 8hrs - \$140	
RM 5	\$125	\$165	4hrs - \$105 / 8hrs - \$140	
Kitchen Use	\$200	\$200	\$170	
			Total	
* Whole Building is \$1,	,800 / \$1,530 Non-Profi	t		
* Hours include set-up	/ clean-up – day before	e set-up is a flat fee of \$3	300	
if selling alcohol. If liqu Insured' under the rent	or is given away for FRE er's host liquor liability	E, no liquor license is nee Insurance. Rental Group	tals must obtain their own event eded but OCC must be added as ' s must have Liquor Liability cover urance. A copy is due 30 days pric	Additionally age for all

B. Services Requested

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SERVICE	NUMBER	TOTAL HOURS	AMOUNT
Table and Chairs Set-up & breakdown (\$80)			
Security (\$35/hrmin 4 hours)			
Light/Sound/AV Tech (\$35/hr min 4 hours)			
Event Worker (\$25/hr. min 4 hours)			
		TOTAL SERVICE CHARGES	

C. Equipment Rentals - (Check if needed/Indicate number if applicable)

EQUIPMENT	NUMBER	RATE	AMOUNT
Podium		Included	
Screen		Included	
Stationary Microphone		Included	
LCD Projector		Included	
Handheld Microphone, Lava	lier Microphones, TV/VCR, Lap	otop, Piano available for a fee	upon request
8' Rectangle Tables		\$5	
6' x 30" Rectangle Tables		\$5	
60" x 18" Rectangle Tables		\$5	
4' Round Tables		\$5	
5' Round Tables		\$5	
Cushioned Chairs		\$2/each	
Coffee, Creamer, Sugar		\$25/day	
China, Flatware, Glassware		\$1 per person	
		TOTAL EQUIP. CHARGE	

PAYMENT SCHEDULE: (3% processing fee is added when paying by credit card)

TOTAL RENTAL FEE (A, B & C above):

Amount: \$ _____

501c3 Paperwork must accompany agreement to receive non-profit discount.

RENTAL DEPOSIT 25%: (Due at time of signing to hold date) Amount: \$ _____ Paid date/type: ____

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200 0	Oxford Rd, PO Box 308	8 Oxford, MD 21654 410-226-5904	
RENTAL BALANCE:	Amount	t: \$ Due 30 days prior to event:	
SECURITY/DAMAGE DEPOSIT:	:		
(\$200 or 25% whichever is hi (Due at time of signing to hold	•	t: \$ Paid date/type:	
	•	bove terms and the Lessee agrees that it has received and agrees to Rental Agreement and the OCC Rental Policies constitutes the Ren	
Lessor: Oxford Community Center		Lessee:	
Signature for OCC Liza Ledford, Executi	ve Director	Signature Printed Name:	
Date:		Date:	_