

## THE GOOLSBY CHAPEL

1622 Maple Street, Denton, TX

### RENTAL AGREEMENT

WEDDING   
  RENEW VOWS   
  MEMORIAL SERVICES   
  RELIGIOUS SERVICE

OTHER \_\_\_\_\_  Event Name \_\_\_\_\_

Date of Event: \_\_\_\_\_

Multiple Date Reservation: List dates/time below (use back of this form if necessary)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Start Time \_\_\_\_\_ AM/PM End Time \_\_\_\_\_ AM/PM (includes setup and take down)    Est'd Attendance: \_\_\_\_\_

Additional Fees/Needs:   
  Tent(s)   
  Folding Chairs   
  Folding Tables   
  Attendant   
  Special Opening (when classes are not in session)

Client: \_\_\_\_\_  Individual  Group/Department \_\_\_\_\_

UNT Student Org. \_\_\_\_\_  UNT Department-Acct # \_\_\_\_\_

UNT Graduate (Smtr \_\_\_\_\_ Yr \_\_\_\_\_)   
  UNT Employee (Dept. \_\_\_\_\_)

UNT Retired (Yr \_\_\_\_\_)   
  Non-Affiliate:   
 Corporate   
 Civic   
 Private

Student/Employee ID # \_\_\_\_\_ Driver's License State \_\_\_\_\_ # \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ E-mail \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Alternate Phone: (        ) \_\_\_\_\_

Authorized Co-Client: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Alternate Phone: (        ) \_\_\_\_\_

*I, the Client, acknowledge that I have read the Goolsby Chapel operating policies attached here to and incorporated herein and agree to abide by the conditions as set forth therein.*

Client	Date	Co-Client	Date
UNT Advisor (if applicable) print		Signature	Date
UNT Advisor's Office/Department		Telephone	
UNT Co-Advisor (if applicable) print	Date	Signature	
UNT Student Activities/Organizations	Date	Conference Coordinator for Auxiliary Services	Date