



Texas Gulf Coast Chapter

**Associated Builders and Contractors, Inc.
Texas Gulf Coast Chapter
Room Rental Agreement
1002 ABC Avenue, Freeport, TX 77541**

Phone: (979) 824-7361

Fax: (979) 239-4386

E-mail: kyle@abctxgulfcoast.org

Company Name: _____

Contact Person: _____ Phone: _____

Address: _____ Alt. Phone: _____

City: _____ E-mail Address: _____

Event Description: _____ Date of Event: _____

Est. No. of People: _____

Event Time: _____ to _____

Event Catered: ____ Yes ____ No

Kitchen Use: ____ Yes ____ No

Alcohol Served: ____ Yes* ____ No

Name of Caterer: _____

(*requires certified police officers @ an additional cost to be arranged by ABC)

| Room(s) Reserved | Comments, Set-up, Etc. | Rental Fee |
|------------------------------|------------------------|------------|
| | | |
| | | |
| | | |
| Additional Services Reserved | Comments, Set-up, Etc. | Rental Fee |
| | | |
| | | |

| | |
|---------------------------|--|
| Total Rental Fee | |
| Total Additional Services | |
| Damage Deposit | |
| Total Cost | |
| Deposit | |
| Total Remaining Balance | |

Cancellation Policy: Organizer may cancel this reservation at any time up to 48 hours prior to the requested use time. In the event that organizer cancels with less than 48 hours' notice, organizer will be billed the full rental amount.

Cash _____ Invoice _____
(ABC Members Only)

Credit Card # _____
(MasterCard, Visa, American Express only)

Name as it appears on Credit Card

Credit Card Expiration Date: _____

Security Code on back: _____

Signature Required for Credit Card

Signature of Event Organizer

Date