

**Contract**

1111 W. Maryland Ave.
Sherwood, AR 72120
501-835-8909
tommysmith@sherwoodar.gov

Event Date: _____ Est. Arrival Time: _____ Est. End Time: _____

Contact Person/Business: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Address: _____

Type of Event: _____ Est. Attendance: _____

Caterer: _____ Caterer Phone: _____

Will there be alcohol?

[] YES [] NO

Alcohol Svc. Start Time: _____ Alcohol Svc. End Time: _____

_____ # of Officers x _____ Event Hours x \$44.00/hr. = _____ Total Security (Payable to Extra Duty Solutions, 501-478-2133)

Will you have outside rentals?

[] YES [] NO

If yes, list Rental Company: _____

Sherwood Room \$ _____

Forest Room \$ _____

Market Pavilion \$ _____

Small Pavilion \$ _____

Other Fees \$ _____ Extra Hours + _____ Kitchen Cleanup Deposit

Total \$ _____

Balance \$ _____ Due Date: _____ Date Paid: _____

Floor Plan Due Date: _____

The undersigned acknowledges having received, read and understood the General Policies of Sherwood Forest. The undersigned agrees to be bound by the terms of these General Policies as they may be amended by Management at any time.

Patron Signature _____ **Date** _____

Sherwood Forest Staff Signature _____ **Date** _____