

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

		Event Date					
Renter Name		Email Address					
Organization Na	ame						
Street Address							
Event Type:	□ Wedding □ Reception	□ Other					
# Guests	(Parking is limited, if numb	per is 40+, guests must carpool.)					
Will alcohol be	served? 🗆 Yes 🗆 No	Do you need an invoice?	🗆 Yes 🗆 No				
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	General Public Weekday	General Public Weekday	Evening/Weekend				
	🗆 LSU/Non-Profit* Weekda	y 🗆 LSU/Non-Profit* Weekday	v 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				
*To receive the	Non-Profit rate, Non-Profits	uding set-up and take down. must submit a copy of their 501					
Charges							
Rental Rate	\$	For: 🗆 Library 🗆 Pavilion 🗆 A	uditorium				
Additional Hou	rs \$ i	<pre>\$ For:# Hrs □ Library □ Pavilion □ Auditorium</pre>					
Rental Total	\$						
Refundable Deposit			posit also may be forfeited for the rental reement for Use of Facilities and Premises				

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Friends of Hilltop Arboretum Event Application (cont.)

		Name: Event Date:		
Payments Recor	·A			:
Refundable Dep				
\$ 500.00	-		Date Paid	
	Credit Card	🗆 Check #		
Rental Payment				
\$		Date Paid		
		□ Check #	🗆 Cash	
Rental Payment				
\$		Date Paid		
Payment Type:	Credit Card	□ Check #	🗆 Cash	
Signatures				
Renter		Date	Hilltop	Date
##		••		
Notes:				