

Meeting Date(s): _____



*Mattie Goff-Newcombe
Conference Center*

Meeting Rental Agreement

The Casey Tibbs South Dakota Rodeo Center & Mattie Goff-Newcomb Conference Center with the spectacular view overlooking the Missouri River is a versatile space that provides opportunities for several different configurations designed to fit any meeting or event requirements.

The Facility Includes:

- Available for ½ day or full day
- Ample parking
- Seating for 150-200 attendees at rounds of 8
- 18"x6' Conference tables to accommodate 90 people
- Theatre seating for up to 250 people
- Stand-up reception throughout the center can accommodate up to 300 people (NO TABLES)
- Wireless Internet in both theatre and meeting space
- Full catering kitchen equipped with dishes, flatware, and glassware
- Built in projection system
- VCR/DVD player
- Stereo sound system throughout meeting space
- Wireless microphones both handheld and lavalier
- Fax and copier business services
- Wine & Beer License

Standard Space Rental Fees

2nd floor Conference Room	½ Day (4hrs Maximum)	\$300.00
	Full Day	\$500.00

Contact: Janice Bartels, janicebar@qwestoffice.net or (605) 494-1094

Fax: (605) 223-2263

Updated: July, 2010

Meeting Rental Agreement

Meeting Name: _____

Meeting Contact: _____

Office Phone: _____ Cell: _____ Email: _____

Meeting Date #1: _____

Start Time: _____ End Time: _____ Total # of hours: _____

Meeting Date #2: _____

Start Time: _____ End Time: _____ Total # of hours: _____

Meeting Date #3: _____

Start Time: _____ End Time: _____ Total # of hours: _____

TABLE SET-UP

Number of Attendees: _____

- Room Set-up: U-shape
 Hollow Square
 Theatre Style
 Classroom Style
 Chevron Style

Additional Tables Needed for: _____

Type of additional tables: Round 6' Banquet

Number of seats at each table (check one): 6 8 Other _____

Buffet Tables: Yes No If yes, number of tables: _____ Location of Buffet: _____

Additional info: _____

(Fee: Table set-up and clearing \$5 per table, unless manpower is provided by caterer)

LINENS

Tablecloths: # _____ Round Tables # _____ 6' Banquet Tables # _____ Napkins

Color(s): _____ Round Tables _____ 6' Banquet Tables _____ Napkins

(Fee: \$2 per Tablecloth, \$.25 per Napkin)

FOOD & BEVERAGE SERVICE

Breakfast: (check all that apply)

Time: _____

Day 1 Day 2 Day 3

- | | | | |
|--------------------------|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Donuts |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Muffins |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bagels and Cream Cheese |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Breakfast Bars |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cereal (individual variety boxes) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fruit |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Juice |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bottled Water |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Coffee |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

\$ _____ **Total Breakfast**

Morning Break: (check all that apply)

Time: _____

Day 1 Day 2 Day 3

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Muffins |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bagels and Cream Cheese |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Breakfast Bars |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fruit |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soda |
| | | | <input type="checkbox"/> Coke <input type="checkbox"/> Diet Coke <input type="checkbox"/> Sprite <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Juice |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bottled Water |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Coffee |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

\$ _____ **Total Morning Break**

Afternoon Break: (check all that apply)

Time: _____

Day 1 Day 2 Day 3

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cookies |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Candy Bars |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Crackers & Cheese |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Granola Bars |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fruit |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soda |
| | | | <input type="checkbox"/> Coke <input type="checkbox"/> Diet Coke <input type="checkbox"/> Sprite <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Juice |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bottled Water |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Coffee |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

\$ _____ **Total Afternoon Break**

Lunch:

Date: _____

Lunch Provided by: Rodeo Center Caterer

Served at (time): _____

Entrée: _____

Salad(s): _____

Vegetable(s): _____

Dessert(s): _____

Caterer will do table set up and clearing, including flatware, water glasses, napkins: Yes No

Plates will be located: on a buffet table at each table

Food will be brought to center and warmed and/or stored at the center: Yes No

Date: _____

Lunch Provided by: Rodeo Center Caterer

Served at (time): _____

Entrée: _____

Salad(s): _____

Vegetable(s): _____

Dessert(s): _____

Caterer will do table set up and clearing, including flatware, water glasses, napkins: Yes No

Plates will be located: on a buffet table at each table

Food will be brought to center and warmed and/or stored at the center: Yes No

Name of Caterer: _____ Cell phone _____

Proof of license and/or liability insurance required if using professional caterer.

(Fee: Paid directly to caterer)

AUDIO/VISUAL & BUSINESS SERVICES

Microphones needed from Rodeo Center: Yes No If yes, how many? _____

Projector: Yes No

Podium: Yes No

Additional info./Needs: _____

(Fee: \$25 per audio/visual item rented through Rodeo Center)

Wireless Internet available at NO CHARGE

Copy Services: \$.20 per copy

Fax Services: \$.75 per page

MEETING ATTENDEES

Date client will provide a confirmed attendee count: _____

Handicap attendees: Yes No If yes, number expected: _____

(The Rodeo Center has 2 wheel chairs available on a first come/first served basis for guests)

Payment Conditions

Reservations are on a first-come / first-served basis; deposits are due at the time of scheduling, unless approved otherwise. Deposit will guarantee your space. Rental fees are non-refundable if cancellation is within 30 days. Space will not be available for use or setup until all fees are paid. Center staff must be onsite during the event. Events involving more than 100 people will require additional center staffing and security personnel. These charges will be the responsibility of the client and will be reflected in the final bill.

Total estimated cost of the service (including tax): \$_____

50% Deposit, due at signing: _____

\$500 Security Deposit, due at signing when applicable: _____

Balance Amount: _____ Due Date: _____

Deposit and Cancellation Policy

If event is canceled 60 days prior to event date, client will receive 75% of deposit.

If event is canceled 30-60 days prior to event date, client will receive 50% of deposit.

If event is canceled less than 30 days of the event date, client will forfeit deposit.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, _____(client) hereby expressly agrees to indemnify and hold harmless, the **Casey Tibbs South Rodeo Center**, its successors or assigns against all suits, actions, claims, demands, or damages that arise from actions, services, or products provided to guests during the rental period.

Signed and Agreed:

(Client Name/ Organization)

(Date)

(Casey Tibbs South Dakota Rodeo Center)

(Date)

Casey Tibbs South Dakota Rodeo Center

PO Box 37, Ft. Pierre, South Dakota 57532

605 494 1094 or 222 8033

Fax 223 2263

www.caseytibbs.com