



DAYSPRING BANK
EVENT CENTER

Event Reservation Agreement

Date signed: _____

Invoice/Confirmation to be sent (30 days): _____

Paid in full by (72 hours): _____

902 12th Street | Gothenburg, NE 69138
www.GothenburgImpactCenter.com

Event Name:			
Event Type:			
Event Date:	Day(s) of the Week: M T W TH F SA SU		
Event Start Time:	Estimated Count:		
Room Request: ☐ Ballroom A ☐ Ballroom B ☐ Ballroom C ☐ Catering Kitchen ☐ Sports Center	Rental Package:		
	☐ Standard Rental Package \$1000 (\$500 deposit)	Standard one-day access to the entire center for the reserved day/evening	
	☐ Two-Day Option \$1750 (\$875 deposit)	Access for two consecutive days from 8:00 a.m. to 2:00 a.m. after the second day.	
	☐ Full-Weekend Option \$2000 (\$1000 deposit)	Access to the Event Center from Friday morning until Sunday at noon.	
	☐ One Section of Ballroom \$350 (\$175 deposit)	Standard one-day access to one section of the ballroom for the reserved day/evening	
	☐ Catering Kitchen without caterer \$100 (\$50 deposit)	Access to the catering kitchen with the reservation of at least one ballroom section	
	☐ Sports Center Add-On \$500 (\$250 deposit)	Access to the Sports Center for event overflow (special permission needed)	
Setup Date:	Setup Time:	Ending Date:	Ending Time:
Deposit Due:	Date Paid:	Balance Due:	Date Due:

Renter Name:			
Address:			
City/State/Zip:			
Cell Phone:		Email:	

Payment Method:			
Amount:	☐ Credit Card: Visa MC Discover		
☐ Check # _____	CC # _____	Exp Date _____	/
☐ Cash	Name on Card: _____	CVV #: _____	
Date Deposited _____	Signature: _____	Date: _____	



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Included Items Requested:	☐ Round Tables ☐ 8-foot Rectangular Tables ☐ Chairs ☐ Table Settings ☐ Cocktail Tables ☐ Dance Floor ☐ Podium ☐ Microphone ☐ Serving Bar	Quantity: _____ Quantity: _____ Quantity: _____ Quantity: _____ Quantity: _____
Stage: \$25/section Set-up by Staff	☐ # of 4'x8' Sections _____ Size of Stage _____ ☐ Location of Stage _____	
A/V Items: Cost: \$ _____	☐ Projector(s) @ \$25 each Ballroom A B C ☐ Screen(s) @ \$25 each Ballroom A B C	
Tablecloths @ \$15 ea Cost: \$ _____	☐ White # _____ ☐ Black # _____	☐ Round # _____ ☐ Rectangle # _____
Table Skirting @ \$5 ea Cost: \$ _____	☐ White # _____ ☐ Black # _____	☐ Round # _____ ☐ Rectangle # _____
Napkins @ \$.50 each Cost: \$ _____	☐ White # _____ ☐ Black # _____	
Cost of Rental Items:		
Name of Caterer:		
Name of Bar Vendor:		

The client is responsible for making the following payments:			
Room Rental		Deposit Paid	
Linen Fees			
Audio/Visual Equipment			
Remaining Total Due:			

By signing below I agree to pay the rental fees outlined above, as well as authorizing the Dayspring Bank Event Center to charge my credit card for any loss or damage expenses as outlined in the Rental Policies.

Signature of client/responsible party

Date

Dayspring Bank Event Center Rep

Date