

INDOOR CLIMBING WALL RENTAL CONTRACT

CONTACT INFORMATION

Requesting Organization: _____

Contact Person: _____ E-Mail: _____

Phone: _____ Cell Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

RENTAL INFORMATION

Day(s) and Date(s)	Start Time	Finish Time	Total Hours

PRICING

_____ \$45 per hour (*Registered Student Organizations*)

_____ \$50 per hour (*University Departments & Affiliates*)

_____ \$100 per hour (*Non-University Affiliated*)

Estimated Number of Participants: _____

TOTAL ESTIMATED COST: \$ _____