



# CONCORD ART ASSOCIATION

We the undersigned agree to abide by the guidelines set forth for the rental of the Concord Art Association.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_ TIME \_\_\_\_\_

FUNCTION \_\_\_\_\_ NUMBER OF PEOPLE \_\_\_\_\_

CATERER \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RENTAL TOTAL \_\_\_\_\_

AMOUNT OF DEPOSIT \_\_\_\_\_

SECURITY RECEIVED \_\_\_\_\_

Charge my Credit Card:  VISA  MasterCard

CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Send form and payment to:**

Concord Art Association  
37 Lexington Road  
Concord, MA 01742