

# ConcordArt

Concord Center  
for the Visual Arts

We, the undersigned, agree to abide by the guidelines set forth for the rental of the Concord Center for the Visual Arts.

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 Center for the Visual Arts

37 Lexington Road, Concord, MA 01742