

# InFusion

A Coffee and Tea Gallery  
[www.InFusionCoffeeandTea.com](http://www.InFusionCoffeeandTea.com)



Date of Event \_\_\_\_\_

*circle one:*

Mt. Airy

Bella Vista

## Rental Agreement

FOR CUSTOMER TO FILL OUT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Day Ph: \_\_\_\_\_ Eve Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_ Name of Event: \_\_\_\_\_

Event Begins: \_\_\_\_\_ am/pm Ends\*: \_\_\_\_\_ am/pm # of People Attending: \_\_\_\_\_

*\*add'l time is billed at the rate of \$50/half hour*

Referred By: \_\_\_\_\_

FOR MANAGER TO FILL OUT

Total Number of Hours: \_\_\_\_\_

Total Cost (# of hours \* \$100/hr) a \_\_\_\_\_

Date of Deposit: \_\_\_\_\_

Deposit Amount (50% of a): b \_\_\_\_\_

Balance Due (a - b) \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I understand that I am utilizing InFusion's space at my own risk. InFusion will not be held responsible for any damage, negligence or injury to or on the part of any of my guests or their belongings.*

\_\_\_\_\_  
GUEST'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INFUSION STAFF

7133 Germantown Avenue  
Mt. Airy, Philly, PA 19119  
215.248.1718

1001 S. 10<sup>th</sup> Street  
Bella Vista, Philly, PA 19147  
215.413.0504