UConn Dairy Bar Reservation Agreement

Event Name: ____________________________
Event Date: ____________________________
Start time: _______   End time: _______  # of participants: __________

Contact Person: __________________________
Department: ____________________________
Street Address: ________________________________________________
City: ____________________________ State: _______ Zip Code: __________
Phone: ____________________________ Fax: ____________________________

Special Arrangements: ___________________________________________

Total Rental Fee:  $__________
Deposit Amount:  $__________ Date Received: __________
Balance Amount Due:  $__________
The terms above are correct and I understand that I am responsible for payment of the “balance amount due” listed above by the following date: ____________.

_________________________________                  ________________________________
Signature of Payee                              Signature of Dairy Bar Manager

UConn Dairy Bar, 3636 Horsebarn Road Ext, Storrs, CT 06269-4040
Phone: (860) 486-1088   Fax: (860) 486-4375