

iAM Dance Center of the Arts

Event Title:		Event Date 8	k Time:	
Contact Name:			ne#:	
Email Address:				
Mailing Address: .		Purpose of E	vent:	
Expected # of Attendance:		Do you have event insura		
Company Name & Phone:				
Applications Accepted By:				
E-MAIL:		Mail:		
cs@iamdancecenter.com		Billing Departme	illing Department	
Subject Line:		IAM Dance Cent	AM Dance Center of the Arts	
Attention: Rental Application		705 S. Main Stre	05 S. Main Street, Suite C.	
		Lancaster, SC 29	720	
FEE SCHEDULE				
IAM DANCE CENTER REQUIRES A DEPOSIT TO BE PAID WITH THE RETURN OF AN APPLICATION				
• 50% OF TOTAL Cost (Event Cost per Hour: \$45.00)				
Total Cost: \$				
Remaining Total Cost must be paid 2 weeks prior to event 1. Please mail payments to: Attn: Billing Department, IAM Dance Center of the Arts, 705 S. Main Street, Suite C, Lancaster, SC 29720				
REQUIREMENTS				
IAM DANCE CENTER REQUIRES DEPOSIT TO BE PAID IN THE FORM OF A CHECK, CASH OR CREDIT/DEBIT CARD.				
FINAL PAYMENTS MAY BE IN THE FORM OF CASH.				
PERMITTED AREAS				
Studio A and 1 bathroom. No one is allowed pass the permitted areas.				
(For additional areas please contact our offices to request permissions.)				
CANCELLATION				
Cancellation by either party must be communicated 2 weeks prior to event to receive a 50% refund for payments over the deposit amount. NO refunds will be issued after the 2 week period or if before the 2 week period, there are no refunds on deposits paid.				
Additional Notes				
IAM Dance Center of the Arts will not be liable for any injuries as a result of this event. This is event shall be insured by participating parties. IAM Dance Center of the Arts holds no affiliation with the underlined event. Underlined persons or any parties involved.				
Authorized Signature X		Date:		
OFFICIAL USE:				
Reviewed By:		Date:		
Approved By:		Date:		
Last Updated By:		Date/Time:		