

Houston Gulf Coast Chapter 2012 Site Rental Order Form

Please return form by **Friday, October 5, 2012** to:

Juvenile Diabetes Research Foundation
2425 Fountain View Drive, Ste. 280 ♦ Houston, Texas 77057
Phone: 713-334-4400 ♦ Fax: 713-334-4040 ♦ E-mail: khind@jdrf.org



Company/Family/School Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Our team will rent a tent, table & chairs. Please indicate the number needed of each:
Please note that ALL tents, tables and chairs must be provided by JDRF. You may NOT bring your own. JDRF will NOT provide electricity for any tent rentals.

- | | | |
|-----------------------|------------------|---------------------------------------|
| _____ 10' x 10' Tent | @ \$250.00 each | (maximum of 1 table and 8 chairs) |
| _____ 20' x 20' Tent | @ \$425.00 each | (maximum of 4 tables and 32 chairs) |
| _____ 20' x 40' Tent | @ \$650.00 each | (maximum of 8 tables and 64 chairs) |
| _____ 30' x 70' Tent | @ \$1650.00 each | (maximum of 24 tables and 192 chairs) |
| _____ 40' x 100' Tent | @ \$2700.00 each | (maximum of 44 tables and 352 chairs) |
| _____ 8' Table(s) | @ \$10 each | |
| _____ Chair(s) | @ \$2 each | |

Our team will rent tables & chairs under the (please check one):

- General Corporate Tent** **General Family/School Tent**

Our team wishes to reserve: _____ 8' Tables (8 chairs included per table) @ \$25.00 each

Our team will NOT rent a tent, tables or chairs, but will sit in open seating under the General Tent.
(Open seating is first come, first served and does not guarantee availability)

SPECIAL SITE NEEDS

(List any items that your team is bringing or special requests that JDRF needs to be aware of for planning and set up purposes.)

- Our team will have a generator
 Our team will have an outdoor grill or smoker
 Our team will have a microphone

Billing & Payment

- Check enclosed (**Made payable to "JDRF"**) Please send me an invoice (**Payments due by October 24, 2012**)
 Please charge my credit card: Amex MasterCard Visa Discover

Card Number: _____ Expiration Date: _____

Signature: _____ Name on Card: _____

FOR OFFICE USE ONLY:

Date Received _____ Received By _____ Date Processed _____